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1976 Survey of Institutionalized Persons: methods and procedures



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1976 Survey of Institutionalized Persons: methods and procedures

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U.S. Department of Commerce

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Preface

The main purpose of this report is to outline the methods and procedures used to conduct the Survey of Institutionalized Persons (SIP).

The SIP was a one-time survey which made use of complex procedures for numerous aspects of the sampling design and data collection. For this reason, a thorough explanation of the procedures employed seems justified. In addition, it is hoped that the content and format of this report will serve to document, for the benefit of those involved with future survey work in this area of inquiry, the types of situations encountered as well as the methods used to accomplish the design and conduct of the SIP. However, an equally important objective is to provide technical support for the Current Population Report (P-23, No. 69) of the survey results.

The successful completion of the SIP was made possible by the cooperation of many individuals within the U.S. Department of Health, Education, and Welfare and the Bureau of the Census. A special note of appreciation is expressed to the staff, and residents and their families, of the participating facilities.

1976 Survey of Institutionalized Persons: Methods and Procedures

INTRODUCTION

The Bureau of the Census conducted a Survey of Institutionalized Persons (SIP) in early 1976 under the sponsorship of the U.S. Department of Health, Education, and Welfare (HEW). The survey was designed to obtain information about the services and resources of long-term care facilities providing care for persons with chronic conditions, diseases, and/or handicaps; institutions for the mentally ill and mentally retarded; nursing homes and homes for the aged; and residential schools and treatment centers. Information, including the type of care provided to residents, the sources of financing for this care, and possible alternatives for a patient's care, was also collected about and from the residents (patients) in the institutions, as well as their families.

Six major areas of concern were examined by the SIP:

1. Appropriateness of admission/placement and discharge.

The process which results in the institutionalization or discharge of an individual ranges from a simple to a very complex decision. The SIP examined the alternatives considered and the referral and/or assistance services utilized, the circumstances of the admission to the facility, and the resident's prospects for discharge.

2. Institutional environment. The physical and staffing characteristics of the institution, the activities available, and the characteristics of the resident's living quarters were studied to determine the quality of life offered by the institution.

3. Resident's rights and legal status. The survey studied those administrative policies of the institution which had impact on a resident's rights (to legal counsel, visitors, and so forth) and whether the resident was legally competent or under the custody or guardianship of another person or an agency.

4. Type of care provided. While the "real" or actual quality of care could not be feasibly measured, the SIP examined the medical and nonmedical services needed and/or provided to the resident.

5. Financial Considerations. Information was obtained about the charges and cost of care provided by the institution, and the sources of payment for this care. The financial effect on the family was also measured.

6. Effect of Government Programs and Policies. The relative proportion of the cost for institutional care contributed by government support programs was measured, along with the impact of government programs and/or policies upon the staffing, physical plant, and the provision of certain types of services.

In addition, SIP examines numerous other facets of institutionalization enabling it to meet three general design objectives: (1) it examines the characteristics for all long-term care institutions, their resident population, and the families of residents, thus providing a statistical profile of long-term institutional care; (2) updates information obtained in the 1967 Survey of Institutionalized Adults conducted by the Social Security Administration (SSA); and (3) provides baseline data for the evaluation of current programs and policies which effect institutions and/or the institutionalized.

The SIP was a sample survey and initially included 928 institutions selected from the 1973 Master Facility Inventory (MFI) file, which is a census of all residential long-term care facilities (a majority of residents having a length of stay averaging 30 days or more) conducted by the National Center for Health Statistics (NCHS). Penal and/or juvenile detention facilities were excluded from the SIP sample because they function as incarceration facilities rather than as personal care facilities.

The SIP sample was stratified by size (under 100 beds, 100-349 beds, 350+ beds) and type of facility (nursing homes, facilities for the mentally retarded, psychiatric institutions, children's facilities, facilities for the physically handicapped, and other care facilities). Within each sample institution, the administrator, staff members, and a sample of residents were interviewed, and administrative records were consulted. A sample of residents' families was also selected for interview.

SIP was a voluntary survey conducted under the authority of title 42, United States Code, section 2825. A census report (P-23, No. 69) has been published describing the statistical results of SIP, and a public use tape is available from the Superintendent of Documents. This report will, therefore, deal only with the methods and procedures used in planning for and conducting the survey; substantive results are contained in the aforementioned publication.

Development and Field Trial of Pretest Questionnaires and Procedures

HEW contacted the Bureau of the Census in January 1975 about conducting a survey on long-stay medical and residential institutions focusing on the resident population as well as the families of residents.

The basic design of the survey was developed by the General Research Corporation (GRC) under contract to HEW. It proposed that four sets of respondents be personally interviewed to obtain a comprehensive insight into institutionalization: the process, the impact on individuals and on society, and the characteristics of the institution, its resident population and their families.

This proposal required that each sample institution permit (1) the selection of a sample of residents from its roster; (2) interviews with the administrator, staff members, and the residents selected for the sample; and, (3) the release of the names and addresses of family members. A review of this proposal raised the following six central questions regarding the ease of operation and the quality of the results:

1. Would the administrator permit access to the institution's files, staff members, and residents?
2. What legal and administrative constraints would affect the selection and interviewing of the residents and/or the use of administrative records?
3. How many residents would be able to provide coherent responses?
4. How easy would it be to locate the family members, particularly since some residents had been institutionalized for many years and had no contact with or visits from their families?
5. Would the family members be embarrassed or hostile about being contacted about the institutionalized family member?
6. Could the interview with the family member be conducted by telephone?

In order to assess the potential impact of these issues, evaluate the procedures, and test the survey questionnaires, a pretest was conducted during June 1975. The institutions included were selected from the 1971 Master Facility Inventory (MFI) as this was the most recent MFI listing available at the time of the pretest¹. The selection of pretest institutions was to include facilities of varied sizes and care types within the prescribed geographic areas (both urban and rural) to maximize the diversity of interviewing situations which might be encountered. In selecting the pretest institutions from the MFI it was noted that several institutions were either listed more than once or that parts of an institution with slightly different names, but with an identical address, were listed separately. Several institutions of this type were purposely included in the pretest sample to develop procedures for handling such situations in the survey, depending upon whether these were actually separate facilities or one facility.

Twenty institutions in Georgia and 20 in Illinois were

selected for pretest interview. The sample for Georgia included two physically handicapped, five children's, three psychiatric, four mental retardation, three convalescent (nursing homes), and three "other" facilities representing all size strata. The pretest institutions in Illinois included three physically handicapped, three children's, five psychiatric, four mental retardation, three convalescent, and two "other" facilities, again, from all size categories. The six SIP "type" categories mentioned are comprised of the MFI designations shown below.

Questionnaires

A separate questionnaire was designed for each set of respondents (administrators, staff members, residents, and families), as well as one for the selection of sample residents. Two versions of the questionnaires for the staff members and the residents were pretested to determine the feasibility of obtaining specific details on the physical and mental condition of each sample resident and the medical treatment he/she was receiving as well as the more general types of information finally collected.

The institution questionnaire. This was designed specifically to gather information about the facility: ownership, type of care provided, length of stay for residents, bed size, accreditation, administrative policies, facilities, staff composition and demographic characteristics, services provided, and information on costs and fees. The respondent was the administrator or a representative of his staff. At the end of the interview the administrator was asked to authorize the interviewer to select a sample of residents and interview them, interview staff members about these residents, and obtain information from the institution's administrative records (including the name and address of the next of kin).

Following the institution interview, a sample of residents was selected. The interviewer was provided with a resident sampling questionnaire, which contained a "start-with" and "take-every" (SW/TE) interval to be applied to a list or register of the patients within an institution. For the pretest, the SW/TE interval was designed to obtain approximately 10 sample residents from the institution. Contained within the sampling questionnaires were procedures designed to identify all eligible residents and to rectify excessive differences (greater than 10%) between the 1971 MFI bed count and the count of residents received at the time of interview. Sampling was conducted by the interviewer with the assistance of the institution's records personnel. In some instances, however, the facility did the sampling in accordance with the interviewer instructions to maintain the confidentiality of the resident register.

SIP

Physically handicapped

Facilities for the blind, deaf, and physically handicapped.

Children's

Orphanages, homes for unwed mothers, and sheltered or custodial care homes.

Psychiatric

Resident treatment centers for alcoholics' and drug abusers, and facilities for the emotionally disturbed.

Mentally handicapped

Facilities for the mentally retarded and other neurologically handicapped persons.

Nursing homes

Nursing homes, nursing care units, convalescent or rest homes, and homes for the aged.

Other facilities

MFI

¹ See page 6 for a detailed description of the MFI.

¹ See page 6 for a detailed description of the MFI.

The administrative questionnaire. This obtained data about sample residents, including demographic information, next of kin, reason for admission, sources of financial support, resident activity, services used, and resident visitation and leave patterns. The questionnaire had two sections; the first covered administrative information about the sample resident and was obtained from a staff member and/or was transcribed from the administrative records. The second section included questions about the resident's present condition, care, and activities, and was completed through a personal interview of a staff member having frequent contact with the resident.

As mentioned earlier, the only major differences between the two versions of the administrative questionnaire were that one focused more heavily on limiting conditions (medical), the use of prescriptions, and medical treatments, while the other version was concerned mainly with the reason for institutionalization, the use of services, and discharge expectations.

The resident questionnaire. There were two versions of this questionnaire; both of which obtained information directly from the sample resident, providing he/she was mentally and physically able to respond and 14 years old or over. Both versions contained six screening questions designed to test the resident's ability to respond. These questions asked the resident for his/her full name, as well as that of the mother and father; the date of birth; present age and highest grade of school completed. If he/she was mentally and/or physically unable to continue past the screening questions, the interview was terminated. For those able to proceed, the questions covered the resident's social and employment activities, the care received at the institution, financial status, and medical needs. The only marked difference between the two versions was that one focused on the resident's mental and physical ability for independent functioning, while the other dealt with current and former activities, services used, and social contact.

The family questionnaire. This was designed to obtain data from the next of kin of sample residents concerning the resident's institutionalization, former residence, legal status, previous institutionalizations, discharge expectations, needed services, and the effects of the institutionalization upon the family. Family respondents were contacted by telephone or personal visit, depending on their proximity to an SIP interviewer; that is, families residing within a 50-mile radius of an SIP pretest interviewer were enumerated by personal visit interview, and those outside the 50-mile radius were enumerated by telephone interview.

Pretest training. Training for this survey began prior to the classroom training of interviewers and supervisory staff, each interviewer and supervisor completing a 7-hour home study. The home (self) study provided a copy of all forms and detailed instructions on filling them, as well as an explanation of the survey and related procedures for handling difficult or complex interview situations.

A one-day training session was held for the field staff assigned to the pretest. A supervisor and clerk in each area were assigned to administer the pretest with an interviewing staff of nine enumerators in Georgia and 11 in Illinois. The Washington

field and subject-matter staff provided the classroom instruction, as well as observing some interviews following the class to help with on-the-job training and to get first hand experiences of how well the survey plans anticipated and coped with interviewing situations.

During the pretest, any questions which arose were resolved by the Washington staff. In this way, problems with the forms or procedures were brought to the attention of the subject-matter staff responsible for adjustments in the forms or procedures. Interviewers were to record any minor difficulties encountered or impressions concerning questionnaire items on the pretest questionnaires so the Washington staff would be aware of such situations and be able to make necessary changes for the national survey. In addition, interviewers completed a four-page evaluation form dealing with all parts of the interviewing sequence from the institution through the family questionnaire. Information such as length of time for interviews, the staff position of institution respondents, problematic or difficult situations, and so forth, were recorded by the interviewer. This information was supplemented by a one-day debriefing session held at the Atlanta and Chicago regional offices to discuss the observations and problems encountered by the interviewers, and their recommendations for resolving these issues. In fact, several questions were rewritten and procedures revised as a result of the interviewers' recommendations. In addition, tallies were made for many of the items on the questionnaires to study the pattern of responses. These methods, as well as the Washington staff's own observations and experiences, in conjunction with input from the sponsor, were used to make the necessary changes in the pretest instruments and procedures.

Pretest enumeration. Interviewers began their assignments by telephoning the administrator for an appointment about one week after the introductory letters were mailed to the administrator. The sequence of interviewing was to complete in institution questionnaire with the administrator, and then for him/her to sign a form authorizing the Census Bureau interviewer to obtain data from the patient register, administrative records, staff members, and sample residents. The administrator could therefore agree to allow access to all, some, or none, of the sources of information requested. Every attempt was made, however, to gain access to all of the information sources requested. The institution questionnaire took an average of 45 minutes to administer.

The sampling questionnaire was administered next. Several questions were asked of the respondent and an up-to-date list of all residents was obtained. The sample residents were selected from this list according to the institution sampling interval, as explained previously. After selecting the sample of residents, the administrative and resident questionnaires were completed, depending on the authorization given by the sample institution. If any staff members or sample residents questioned our right to have access to records, staff, or residents, the interviewers were instructed to explain the survey purpose and show the administrator's authorization in order to assure the individual the administrator was aware of the survey and had agreed to cooperate.

Of the 40 originally assigned pretest institutions, three were found to be subunits of another institution; that is, three institutions were listed separately on the MFI when in fact they were part of another institution for SIP. Therefore, the number of institutions available for interview was actually 37. Dealing with the institution (administrator) part of the interviewing sequence for the moment, the results were as follows:

Institution interview status (Pretest)	
34	Institutions (SIP-1) interviewed
2	Short-term institutions
1	Out of business institution
<hr/>	
37	

If the residents of an institution had an average length of stay of less than 30 days, that facility was not considered as a long-term institution and therefore not interviewed. Short-term institutions and facilities which were out-of-business are considered to be "out-of-scope." As a result, those institutions are excluded from a calculation of response results. Thus, the SIP-1 institution questionnaire response rate is 100 percent. In all of the pretest facilities, we were permitted an interview with the administrator or his/her representative, as well as to select a sample of residents and transcribe administrative data and/or interview staff members for the administrative questionnaire.

All but four of the pretest institutions allowed the Bureau to interview at least some of the sample residents; thus, in 30 institutions were obtained a minimum of one resident interview with the resident questionnaire, and in five institutions were completed all of the interviews with the sample residents. The resident noninterviews were generally due to the institution's assessment that the respondent was unable to respond, or the resident's own refusal to participate.

The success of the family questionnaire exceeded the expectations of the survey planners. All but four institutions permitted access to the name and address of the sampled resident's next of kin (only two institutions would not permit either the interview of residents or access to next of kin); and the response rate was slightly greater than 60 percent. It should be noted, however, that the nonresponse rate of 40 percent included noninterviews for residents without families. The true percentage of residents without families was not known; however, best estimates concluded that the actual percentage was around 30 percent.

	Number	Percent
Total Residents eligible for interview	263	100
Resident interviews	148	56
Noninterviews	115	44
<hr/>		
Total Families eligible for interview	269	100
Family interviews	165	61
Noninterviews	104	39

Summary of the Pretest Results

The results of the pretest dispelled any reservations about the amount of cooperation given by institutions with respect to allowing the Census Bureau interviewers to use the records of the institution, interview staff members and residents, and obtain next-of-kin information. In addition, it was possible to locate relatives of the sample residents and interview the majority of the relatives by telephone, a procedure that resulted in substantially lower costs than visiting and personally interviewing them. Consequently, the preliminary concerns of the survey design developed by GRC were resolved.

However, the pretest did uncover a problem which could seriously affect the field procedures, the data counts, and weighting for the survey—how to identify a sample institution. The sample design developed by GRC recommended that the sample institutions selected would be stratified by six major types of care and three size categories for a total of 18 sample strata, and that the sample be drawn from the Master Facility Inventory. While GRC noted that using the MFI would result in the exclusion from the sample of institutions coming into business since the most recent MFI listing (updated every two years), and would include institutions which had since gone out of business, no other potential problems were foreseen. However, upon contacting the institutions selected for the pretest sample, the interviewers found the following situations:

1. Institutions which offered more than one major type of care.
2. Institutions with more than one campus.
3. Institutions listed which were administrative offices and did not provide residential care.
4. Institutions which did not offer long-term care (average stay of 30 days or more).
5. Multiple institutions listed at a single street address.

After the pretest, the specifications for the MFI were examined and it was learned that separate facilities are identified by the licensing system used by the local jurisdiction; i.e., if a State or county required that each structure on a campus be licensed separately, each structure was listed separately on the MFI, whereas another jurisdiction may issue only one license to an institution regardless of the number of structures on campus.

Since an institution was defined, for the purposes of SIP, as a facility offering one type of long-term residential care, it was necessary to develop the following guidelines for the interviewers to use in identifying a sample unit; these guidelines would also resolve the problems encountered during the pretest.

1. If the sample institution offered more than one of the six major types of care, each part of the facility offering a distinct type of care was identified and interviewed as a separate sample unit.
2. If an institution had multiple campuses, all offering the same type of care and sharing the same personnel office and administrator, a single sample unit was identified and all campuses were encompassed in the interview with the original

sample institution. These criteria (one type of care, same personnel office and administrator) were also applied to situations in which more than one institution was listed at a single street address.

3. If the average length of stay for the entire institution was less than 30 days, but a unit or ward within the facility had an average stay of 30 days or more, just that unit was identified and interviewed as the sample unit.

4. In the cases where a sample facility offered no care (i.e., had no residents), as in the case of an administrative office, this information was transmitted to the Washington staff and individually resolved using the data in the MFI. That is, the cases where the campuses represented by the administrative office were listed on the MFI and, therefore, had a probability for selection apart from the administrative office, no interviews were made. If one of the campuses was not listed on the MFI, it was interviewed since it had no probability of selection in the original sample. In this way, institutions not listed on the MFI or "discovered" institutions were included in the survey results.

In order to incorporate these guidelines into the institution questionnaire a series of questions and procedures were added. However, a number of other changes were also made to the survey questionnaires as a result of the pretest.

Institution questionnaire:

1. It became apparent after several of the pretest interviews had been completed that the interviewer would need to provide a more complete explanation of the survey to the administrator before he or she would cooperate willingly and fully. Therefore, an introductory statement concerning the survey design and purpose was added to the cover page.

2. A question concerning the type of facility, using the 17 classifications of the MFI, was added to further clarify the "type of care" code.

3. The question concerning average length of stay for residents was rewritten and broadened to insure that short-term units in a long-term facility were excluded from the interview, and vice versa.

4. A question was added to quantify an institution's administrative and/or operational changes because of statutory or regulatory requirements and the source of these changes.

5. A question pertaining to the criteria used in placing residents in a particular living area (ward or cottage) of the facility was incorporated into the questionnaire. This was to be used in determining whether or not the resident placement process was employed as part of an attempt to "normalize" the resident's environment (i.e., as part of the treatment process).

6. All sources of support for the facility were added as a question preceding the items about cost of care and fees charged by the institution to determine the funding sources for residential care.

Administrative and resident questionnaires:

1. The administrative and resident questionnaires were originally separate documents because there was some concern

that the resident would see the responses of the staff member interviewed about him/her if the two parts were in a single form. However, the results of our observations and the interviewers' experiences proved the likelihood of a break in the confidentiality of the response of either the staff member or resident to be remote; particularly since the questionnaires were in possession of the interviewer at all times. We therefore decided to merge these forms for the national survey.

2. As noted earlier, two versions of the administrative and resident questionnaires were used in the pretest. That is, half the sample residents and a staff member were interviewed with one version and the other half with the second version. Specifically, the Social Rehabilitation Services (SRS) was interested in detailed information about the resident's physical condition, use of prescription medications, and the possibility of returning the resident to the community. That is, the SRS proposals focused on the possibility of deinstitutionalization of residents and the concomitant needs of the individual when returned to community; therefore one version incorporated these data needs. This information gave more specific data concerning the physical health of residents. The other focused mainly on understanding the process of institutionalization, which was to be the focal point of SIP.

Also, the medically-oriented (SRS) version lengthened the interview period significantly, and, more importantly, most of the staff members (other than doctors) were unable to provide much of the necessary information. With this in mind, most of the medically-oriented questions were dropped; however, several items which worked well in the pretest and which contributed to the objectives of the survey were added to the final version of the resident questionnaire.

3. Only minor changes in wording and format were made in the administrative transcription items. The procedure for transcribing information from the administrative records or interviewing an administrative records staff member (if available and willing) worked well in the pretest and, therefore, was to be continued in the national survey.

4. Several questions about the "environment" of the resident's living area were added to the staff member portion of the questionnaire. These included items concerning the ward or cottage size, number of staff, number of residents, and so forth. These questionnaire items were added to enable HEW to make some assessment about the "quality of life" of the institutionalized person.

5. The six screening questions preceding the main questions of the resident portion of the questionnaire were adapted from a psychological scaling device provided by HEW. These questions were administered to assure that persons incapable of answering the detailed questionnaire items were not questioned needlessly. Several questions from the original scale proposed were deleted because they required an awareness of time (such as, "What day of the week is this?"), while others would appear ridiculous to the competent residents (such as "Who is the President of the United States?"). Therefore, six verifiable questions (name, date of birth, age, mother's and father's name, and education level) were adopted, of which three must have

been answered correctly or the resident interview was terminated. By all accounts, the screening questions worked well during the pretest and therefore, were retained for the full survey.

6. The only major change in the resident interview from the pretest to the national survey was the deletion of a series of income/support questions asked of the resident during the pretest. The most reliable, complete, and accurate financial information was obtained from the administrative records or institution personnel, and, therefore, these items were dropped from the resident interview following the pretest.

Family questionnaire:

1. Based on the pretest results, the decision was made that the only eligible respondents for the family interview were to be persons related by blood, marriage or adoption. The only exceptions to this rule were foster relatives of minor children (especially foster parents), who often had detailed knowledge of the resident. Legal guardians were not considered eligible respondents to the family questionnaire, as many of these persons had only a fiduciary relationship to the residents and would not have enough personal knowledge or contact with the resident to provide accurate information about the decision and circumstances to institutionalize the resident, as well as his/her present care and activities at the institution.

2. Several questions were added to the questionnaire item (5) on "previous residence" to determine if the resident's condition and/or subsequent institutionalization had an effect on the household family members either before or after his/her institutionalization or both before and after.

3. The detailed questions about the resident's income and its sources were deleted in favor of gathering this information from the institution's administrative records. An analysis of the financial information gathered in the pretest showed the best results were obtained from that source, and, therefore, there was no need to duplicate the effort.

4. A set of questions was added to determine the financial effect of the resident's institutionalization on the family. These questions asked about loans taken out, assets sold, and/or extra workers entering the labor force or extra work performed by those already in the labor force to help pay for the care of the resident.

5. The pretest experience showed the interview was conducted as smoothly and rapidly by telephone as by personal interview and at a considerable reduction in cost; thus, this would be the preferred method of contact in the survey.

Sampling Questionnaire:

1. The sampling questionnaire performed well during the pretest and no substantial changes in procedures were considered for that instrument. However, the institution in some cases would not allow the interviewer to see the roster of residents, and, therefore, the facility personnel had to draw the sample of residents. Consequently, procedures were developed to allow the institution to draw the sample providing it did so

according to the interviewer's instructions and so long as the interviewer was physically present at the time of sampling.

NATIONAL SURVEY

Sample Selection

The sample for this survey was a three-stage design encompassing, respectively, a sample of institutions, a sample of residents within the selected institutions, and a subsample of the families of the selected residents. Each stage of selection constituted a national probability sample. A design objective of the survey was to provide statistical information, of roughly comparable reliability, for each of 18 groups (or strata) of institutions, i.e., six types of facilities by three size categories. In effect, therefore, 18 independent samples were selected and interviewed.

The basic frame from which the institution sample was taken was the 1973 Master Facility Inventory. In general, within each of the 18 strata, institutions were chosen systematically with probability proportionate to their sizes, i.e., the number of beds. Some strata contained relatively few institutions in which case all the institutions in that stratum were included in the sample with certainty.

Within selected institutions, residents were chosen in such a way as to (1) yield approximately equal workloads by institution within a given size class and to (2) yield overall sample sizes of about 600² residents within each of the 18 strata. The sample of families was chosen by designating, systematically, one-half the sample of residents for inclusion in the study. The sample of institutions was selected through a computer operation; the sample of residents was selected by the survey interviewers on the basis of prescribed procedures, as was the sample of families.

The Master Facility Inventory (MFI). The National Center for Health Statistics (NCHS) provided the Bureau with a file of the 1973 MFI from which the sample institutions were selected. The MFI is a comprehensive file of those facilities in the United States providing medical, nursing, personal, residential, or custodial care. The file has two basic components, the hospital portion and the nursing home and other facilities portion. Neither General Research Corporation, which designed the basic model for the SIP sampling procedures, nor NCHS, from whom the file was obtained, made mention of the existence of the hospital component of the MFI at the time specifications were prepared for the selection of the institutions, and, therefore, the institution sampling for SIP was made from the nursing home and other facilities component only. Although this portion of the MFI contained virtually all of the long-term care (average resident stay of 30 days or more) facilities, it has since been learned that there were a number of hospital facilities, mostly psychiatric, which were long-term and were contained in the hospital component. It appears that this oversight may cause the estimate of psychiatric facilities to be understated by as much as two-thirds; however, the MFI universe of nursing homes and

² In one of the strata, there were only five institutions in the universe; it was decided to sample only 200 residents, an average of 40 per institution, from these facilities.

SIP Type	MFI Type	Number of Facilities
Psychiatric	Alcoholism, Drug Abuse, Emotionally Disturbed	2,024
Physically Handicapped	Blind, Deaf, Physically Handicapped	224
Mentally Handicapped	Mentally Retarded, Neurologically Handicapped	1,357
Children	Orphanages, Unwed Mothers, Sheltered or Custodial Care	2,474
Nursing Homes	Nursing Homes, Nursing Care Units, Convalescent or Rest Homes, Homes for Aged	19,449
Other Facilities	Extended care units, VA Hospitals, Chronic Disease Facilities	475
Total		26,003

other facilities adequately reflects virtually all other long-term care institutions. With the above qualifications in mind, the universe from which the SIP sample of institutions was drawn was the 1973 Master Facility Inventory as provided by NCHS.

The content of the 1973 MFI in terms of the types of institutions is shown above.

These facilities represented a total capacity of 1,680,508 beds, with a resident population of 1,495,066, in 1973. These totals do not, however, include correctional or juvenile detention facilities, excluded from the sampling universe. Such facilities were not included in sample due to the custodial nature of the services offered, as opposed to residential care.

The MFI file utilized for sampling purposes had all known duplicate institutions removed. However, some duplication remained, mainly because of the definitional distinction between licensing of facilities and type of care provided, as discussed earlier. Since there was no feasible way to update the MFI file to rid it of duplication arising from licensing practices, it was decided to select the sample from the existing file and untangle any resulting problems during the interview operation. Practically, this procedure would have the effect of increasing the number of cases selected in the sample that would have to be deleted as out-of-scope, i.e., duplicates. (It was expected that a few sample institutions would be out-of-scope because they no longer existed, since the MFI file was 1973 vintage.)

As mentioned, there were 18 independent strata established for the purpose of sample selection.

The size delineations of 1-99, 100-349, and 350 or more beds were deemed to be the most representative of actual differences in the characteristics of what might be termed small, medium, and large size institutions and furthermore, it allowed for a fairly reasonable (though not equal) distribution of beds.

The number of sample institutions and expected resident sample size by facility type and size (strata) to be selected is shown on the following page.

Psychiatric institutions	Physically handicapped institutions
1-99 beds	1-99 beds
100-349 beds	100-349 beds
350+ beds	350+ beds
Mentally handicapped facilities	Children's facilities
1-99 beds	1-99 beds
100-349 beds	100-349 beds
350+ beds	350+ beds
Nursing Homes	Other Institutions (Chronically ill, VA hosp., etc.)
1-99 beds	1-99 beds
100-349 beds	100-349 beds
350+ beds	350+ beds

A total of 928 institutions was initially selected for sample. As mentioned, each of the 18 separate strata was an independent sample. Further, each stratum was of analytical interest in its own right, which accounts for the decision to achieve comparable sample sizes within each stratum. The sample of institutions was selected systematically with probability proportionate to the institution's size, i.e., number of beds.

Procedurally, the total number of beds on the MFI was calculated separately for each of the 18 strata and then divided by the desired number of institutions, that is, 75 or 50; the derivation being the stratum "take-every" (TE). A random "start-with" (SW) with a value equal to or greater than .001 and less than the TE was computer-generated for each stratum. The institutions on the MFI file were arrayed geographically by stratum and their cumulative bed size calculated. The institution for which the cumulative bed size equalled or exceeded the SW was selected as the first sample institution.

The TE was then added to the SW, and the next institution with a cumulative bed size equaling or exceeding SW + TE was

selected for the sample. The TE was then added successively following each "hit" or selection until SW + nTE exceeded 384 cumulative count of bed size for the stratum. This method of selection was applied to all the strata except medium-size other facilities and large-size psychiatric, physically handicapped, children's facilities, and other facilities strata. These five strata were treated as "certainty or self-representing strata", because they each contained so few institutions that all of them were included in sample.

The sampling intervals or TE for the within-institution resident selection were computer calculated in conjunction with the facility sampling. Except for certainty strata the desired number of sample residents per institution was 8 for small facilities and 12 for the others. For each selected institution, therefore, the facility bed count was divided by 10 (or 15)³, to obtain the institution resident selection TE. A randomly generated SW was determined in each institution with a value between zero and the TE. This procedure allowed the resident sample to be self-weighting within each stratum, plus it permitted virtually equal interviewer workloads in all institutions of a given stratum.

For the certainty strata, the anticipated number of residents to be sampled for the entire stratum was divided into the total bed size for that stratum, producing a stratum TE. The same TE was used in all of the institutions in that certainty stratum. The sample was therefore self-weighting, but workloads by institu-

tion were variable. A separate random SW was generated individually for each institution.

The SW and TE values were to be applied to the institution register of residents by the interviewer. A method of subsampling was devised for those cases where a greater number of residents was chosen in sample than it was feasible to interview. The maximum number of sample residents to be interviewed in sample institutions from "noncertainty strata" was set at 24, and at 40 for "certainty strata." The reason for the difference in the resident interview ceilings between the certainty and noncertainty strata is due to the limited number of institutions available for interview in the certainty strata. Therefore, a ceiling of 40 resident interviews was imposed to obtain a reasonable number of interviews without overburdening the institutions involved. The certainty institutions were indicated as such on the resident sampling questionnaire (SIP-5), and when the SW-TE generated more than 40 sample residents the interviewer was instructed to call his/her supervisor for subsampling instructions. In turn, the supervisor would call the Washington staff who issued the subsampling instructions on an ad hoc basis.

A subsampling table was provided in the SIP-5 sampling questionnaire for noncertainty strata institutions. This table provided a subsample SW-TE interval based on the size of the original resident sample and was applied to the sample as originally drawn to reduce the size to, or below, the 24 resident ceiling.

Discrepancies of more than 10 percent between the 1973 estimated number of total residents in an institution and the

Size (Beds)	Type	Number of Sample Institutions	Number of Sample Residents
Small (1-99)	Psychiatric	75	600-750
	Physically Handicapped	75	600-750
	Mentally handicapped	75	600-750
	Children's Facilities	75	600-750
	Nursing Homes	75	600-750
	Other Facilities	75	600-750
Medium (100-349)	Psychiatric	50	600-750
	Physically Handicapped	50	600-750
	Mentally Handicapped	50	600-750
	Children's Facilities	50	600-750
	Nursing Homes	50	600-750
	Other Facilities	*58	600-750
Large (350+)	Psychiatric	*22	600
	Physically Handicapped	*19	600
	Mentally Handicapped	50	600-750
	Children's Facilities	*24	600
	Nursing Homes	50	600-750
	Other Facilities	*5	200
Total		928	10,400-12,500

* Indicates that all of the institutions of this size and type were included in the sample with certainty.

interviewer count of residents and any deviations in the resident selection process were reconciled on an ad hoc basis through the Regional Office supervisor and/or the Washington staff.

The sampling questionnaire contained several questions to ensure that the register or list of residents identified all current, long-term residents and excluded those persons considered to be ineligible (i.e., those not on the register the night before the interview and/or those for whom a bed was not being held). Procedures were also provided which allowed the facility to draw the resident sample for reasons of confidentiality, providing the proper methods were followed and the interviewer was permitted to view the sampling operation without actually seeing the names. In the same vein, if an institution would not divulge the names of residents, the interviewer was instructed to use numbers or letters to identify sample residents.

The target sample size for the family sample was in the range of 3,500-4,000 cases. Allowing for attrition due to such factors as non-response and residents without next of kin, it was decided to subsample the resident sample at the rate of one-half for purposes of designating the family sample. Family questionnaires were prepared for half of the resident questionnaires included for an institution. The families to be included in sample for a particular institution were determined by the facility control number. If the last digit of the control number was even, all of the even-numbered (serial number) residents' family members were included in the family sample, and conversely for the odd-numbered institutions and residents.

Before leaving the discussion of sample selection, some mention should be made of the results obtained from these sampling methods. Of the 928 institutions selected in the sample, 13 were listed more than once (duplicated) on the list of sample facilities. Nine of those cases were selected more than once due to the sampling methods employed. This occurred whenever the institution size (number of beds) was greater than the computed TE for the stratum. The remaining four cases were obvious duplicated listings that appeared on the unduplicated MFI. Thus, the actual number of sample institutions sent to the field for interview was 915. The strata affected by this reduction for duplication were as follows:

**Multiply Selected Institutions Excluded from Interview
(Selection Strata)**

4	Physically handicapped (under 100 beds)
2	Physically handicapped (100-349 beds)
1	Other facility (100-349 beds)
1	Psychiatric (350+ beds)
5	Nursing Homes (350+ beds)
<hr/>	
13	Total institutions

By all accounts, the interviewers experienced no major difficulties in applying the resident sampling procedures correctly. The expected number of residents to be sampled from all institutions was estimated between 10,400 and 12,500 as discussed earlier. The actual number of residents selected in sample from all institutions was, however, only 9,389. This was

due to the fact that although 928 institutions were selected initially only 822 were actually utilized for resident sampling for various reasons (see page 00).

General

The time between the pretest and January 1976, when data collection for the national survey of SIP was scheduled to begin, was spent finalizing the content of the questionnaires and interviewing procedures, developing the office control and clerical edit procedures, and designing and printing all the survey forms.

Privacy and confidentiality. During this period, the Privacy Act of 1974 came into effect. This act required that a potential respondent be advised, in writing, of the authorization for and purpose of the survey; how the data would be used; whether compliance was mandatory or voluntary; and, whether there were any penalties if the respondent refused to provide any or all of the information requested. Since there were already plans to send the administrators of the sample institutions and the families selected for interview advance introductory letters advising them of the survey and its confidentiality, the requirements of the Privacy Act were incorporated into these letters. In addition, a statement covering these points had to be designed for the interviewer to give to the sample residents prior to their interviews. The only set of respondents for whom a written statement or letter was not prepared was the staff members; since these persons were responding as employees of the institutions providing information about others rather than themselves.

In addition to explaining the purpose of the survey and the confidentiality of the data in the introductory letters and in the handout given to the residents, an introductory statement covering these points was inserted into all of the questionnaires to be read by the interviewers before the actual interview began. The statements read to the staff members and residents also stipulated that their respective answers would not be seen by anyone else; the Bureau of the Census felt this point was particularly important because these respondents might answer differently if they thought the administrator or someone else would see their responses. On the recommendation of the Office of Management and Budget, which is responsible for reviewing all surveys conducted by Federal agencies, the sample resident had to sign a form authorizing the Census Bureau to interview the resident's family, providing informed consent. In the event the resident preferred that we contact a family member other than the one identified in the administrative records, that person was interviewed.

In those instances where the resident's family was in sample, but the resident was under 14 years of age or not able to respond to section C past the "screening" questions, the interviewer was instructed to contact the family for an interview without the resident's authorization.

In order to safeguard the confidentiality of the data, the interviewer attempted to interview the resident in private; however, in some instances it was necessary or unavoidable that facility staff and/or other residents were present. If the resident expressed any hesitation at or objected to answering the

questions in the presence of other persons, the interviewer made every attempt at changing the place of interview to a private area within the facility. If a language or hearing problem existed and the use of an interpreter was necessary to conduct the interview, arrangements were made accordingly.

Contacting the family. The pretest results indicated that the family was a valuable source of information; however, the records of many institutions did not have the names and addresses of any family members, or this information had not been updated since the resident's admission to the institution—sometimes a period of 5 years or more. In those cases where the administrative records did not contain the name and/or address of the resident's next of kin or there was reason to suspect that the information had not been updated, the resident was asked to supply that information.

All family members for whom a telephone number could be obtained from the institution, the resident, or the telephone company, were telephoned for an interview about 5 days after the introductory letter was mailed to them.

If the family member did not have a telephone or preferred not be interviewed over the telephone, a personal visit was arranged for the interview if the interviewer resided within 50 miles round trip distance of the respondent. If the distance between interviewer and respondent exceeded 50 miles round trip, the case was returned to the Regional Office supervisor who transferred it to another of his/her interviewers or to the closest Regional Office to conduct the interview.

In some cases the family member could not (from lack of knowledge) or would not (refused) participate in the interview. In these instances, the interviewer attempted to get the name, address, and telephone number of another related person who could be contacted for an interview.

Selecting resident sample. The procedures for selecting the sample of residents used during the pretest were revised only to incorporate the proper "start-with/take-every (SW-TE)" values for each sample institution. As mentioned earlier, most of the administrators contacted during the pretest authorized the interviewer to select the sample of residents.

In some cases, however, the administrator was hesitant or refused to allow the interviewer access to the names of the facility's residents. Therefore, several alternatives to the sampling procedures were developed which would enable the interviewer to conduct the sampling as well as resolve any reservations the administrator might have.

1. If someone outside of the facility had to give approval for gaining access to the facility residents, such as a court or State agency, the interviewer or his/her supervisor was to contact the proper authority and attempt to gain permission. Every effort would be made to gain authority to conduct the resident sampling up to, but not including, a formal petitioning of the court.

2. As mentioned earlier, if the institution would not allow the interviewer to actually see a list of the facility's residents for reasons of confidentiality, a member of the facility's staff could draw the sample from the patient register providing the person conducting the sampling would follow the interviewer instruc-

tions for selection and the interviewer could be physically present during the sampling. If the institution would not agree to select the sample according to the instructions provided the interview would be terminated. That is, the facility would not be allowed to make an arbitrary, and therefore biased, selection of residents.

3. If the institution would not provide the full name of residents selected in sample, a letter, number, or the first name only could be used to identify them.

Survey Instruments

The sequence of and procedures for interviewing in the national survey remained the same as for the pretest. The survey instruments used were:

Questionnaires:

1. SIP-1—institution questionnaire—obtained information about the facility from the administrator.

2. SIP-2—resident questionnaire—a three-part instrument which gathered data pertaining to a sample resident from the facility administrative records, a staff member, and the resident himself/herself.

3. SIP-3—family questionnaire—used to interview the next of kin of the sample resident about the institutionalization of the resident.

4. SIP-5—sampling questionnaire—procedures for selecting the resident sample.

Letters:

5. SIP-1(L1)—"Dear Administrator" letter—informed administrators of sample institutions of the survey and its purpose.

6. SIP-2(L1)—resident information sheet—informed sample resident of the survey: its purpose, uses, and confidentiality.

7. SIP-3(L1)—"Dear Friend" letter—informed next of kin selected in sample of the survey and its purpose.

Complementary Forms:

8. SIP-1A—occupation complement—duplicate of page 9 of the SIP-1, left with respondents who were unable to complete these items at the time of the initial interview.

9. SIP-4—flashcard booklet—respondent reference cards for answering selected questions in the SIP-1, SIP-2, and SIP-3 forms.

10. SIP-8—sampling flashcard—information card for institution staff selecting the resident sample.

The interviewer was also given a handout describing the six types of care, and the corresponding MFI detailed categories, as an aid in classifying the type or types of care offered by the facility.

Training

An SIP-7 Home Study (self-study) and SIP-6 Interviewer's (procedures) Manual were sent to all of the interviewers, supervisors, and clerks assigned to SIP. The self-study was designed to provide these personnel with an explanation of the survey, the authority under which it was being conducted, and so forth. The use and procedures for each form was described in detail. In addition, each lesson (for the questionnaires) contained a "mock interview" which was to be completed on the form itself. The mock interview was designed with programmed answers to the questionnaire items asked by the interviewer. This familiarized the interviewer with the question wording, skip pattern, and related procedures for each of the forms to be used in the survey. Upon completion of the procedures review and mock interviews, the interviewer tested his/her knowledge of the survey concepts by completing a final review test.

The home-study was designed to be completed in about 8 hours, including a review of the materials used in the survey, and was distributed a week to 2 weeks in advance of the scheduled classroom training to allow all of the personnel connected with the survey sufficient time to complete the study prior to the training sessions.

The SIP Supervisors' Training Session, held on January 5, 1976 in Chicago, Illinois, was conducted by members of the Washington staff. This 1-day session was attended by the supervisory staff assigned to administer SIP from each of the 12 Census Regional Offices. The supervisors were responsible for training interviewers, resolving situations not covered in the procedures, and advising interviewers on any problems they encountered during the field work.

The supervisors were also given a complete explanation of the survey purpose, the guarantees of confidentiality, and the measures taken to comply with the provisions of the Privacy Act (of 1974). This information was especially important to the supervisory personnel because of their forthcoming dealings with reluctant respondents. In addition, the survey concepts and procedures were reviewed during this session. Finally, continuing discussions were held on the types of problems the supervisor might expect and the suggested resolutions of each. Some of the topics discussed included the sampling of residents in institutions with multiple campuses, procedures for handling sample facilities that are administrative offices with no residents, and subsampling of residents.

The 2-day interviewer training sessions were scheduled for the remainder of that same week (January 6-9) and/or the following week. There were 348 interviewers trained nationwide. The interviewers were asked to bring their manuals and completed self-studies to the training session. Any questions about the materials were answered at the beginning of the session (as well as throughout the training). The supervisor used a verbatim training guide which assured that each of the survey concepts and procedures was covered at the appropriate point in the discussion.

Several canned "mock" or practice interviews were conducted to illustrate and test the interviewers' knowledge of the methods for handling the procedures designed to accommodate the completion of each questionnaire. This training method proved to be the most effective and direct way of alerting the

interviewers to the problem situations likely to occur and, concomitantly, the suggested and most effective means of dealing with them. The procedures for the interviewer control and editing (for completeness and accuracy) of the completed forms, as well as their transmittal, were also discussed and explained. All new interviewers hired for the survey were given an extra day of training on general interviewing techniques.

At the completion of the training, the interviewers were given their assignments. The forms necessary to complete a sample institution were provided in a packet. Each packet contained institution, resident sampling, resident, and family questionnaires (i.e., the forms necessary for completing a sample institution in its entirety). Several extra (not assigned to a sample facility) packets were provided to each interviewer for use if and when he/she discovered facilities offering more than one type of care.

Field Work

Three weeks before the sample institutions were contacted for an interview, an informational letter (SIP-1 (L2)) describing the survey content and procedures was sent to all known medical associations, and the chief medical officer or public health commissioner of each of the 50 states. Their cooperation, and the cooperation of their member organizations (institutions) who might seek their advice or guidance was solicited.

A "Dear Administrator" letter was sent to all of the sample institutions on January 5, 1976. Following their training, but not before January 12, the interviewers began calling the administrators of the institutions in their area for an appointment. The closeout date for completing all phases of the interviewing was tentatively scheduled for February 27.

Any major problems which arose were forwarded to the Washington staff for resolution on an individual basis. The majority of the problems concerned the sampling or procedures were of a legal nature.

Sampling problems:

(1) If the interviewer found discrepancies (greater than a 10 percent difference) in the expected number of residents and the number accounted for at the time of interview, he/she was to determine the reason for the discrepancy if possible and, where increases were substantial, subsampled the residents as necessary.

(2) If an interviewer had a "certainty" institution with an initial resident sample of more than 40 cases, the proper subsampling instructions were developed and issued.

Legal Problems:

Each case was handled on an individual basis in an attempt to comply with the appropriate regulations. Many of these cases concerned alternatives in the method of resident sample selection, which permitted the administrator to guard the confidentiality and privacy of his/her residents while still cooperating in the survey. If a specific portion of a questionnaire was objectionable, that part of the interview process was deleted.

There were legal problems with some institutions, however, involving funding regulations under which the institution lost its

eligibility for funds if information was released about residents of the institution (primarily HEW regulation, e.g. the "Buckley Amendment") or State Privacy/Confidentiality Laws which forbade the disclosure of information about residents in institutions. In each of those instances, we attempted to reach a compromise in the procedures which would permit us to gather at least partial information without violating any regulation(s).

1. Although State Privacy/Confidentiality Laws were mentioned as the reason for noncooperation by a number of facilities, when we attempted to verify whether we were in compliance with these State laws, it was learned that no State law of that nature existed. In fact, in only one of the States checked was there actually a State Privacy Law which affected the survey procedures. In this State, interviewing Statewide was halted until a decision was rendered as to our compliance by the State Attorney General's Office. In that case, the families of all sample residents had to authorize participation before any resident or family information could be obtained.

2. In addition to the legal questions involving the sample institutions, the Census Bureau and HEW received a letter from a private attorney representing a professional health care association (with members who were in the sample of institutions) which challenged the overall legality of the survey. After careful research, it was found that the objections raised by the association's attorney were based on incomplete knowledge of the Privacy Act and Section 2825, title 42, USC, and therefore, the survey continued.

3. In cases of reluctant or hesitant respondents, each facility was contacted individually by the regional office supervisor or a member of the Washington staff to discuss its reasons for reluctance to participate. Any questions it had about the survey were answered, as well as to define possible alternative procedures which might allay its doubts about participating.

Results of the Data Collection

The response rate for almost every set of SIP respondents was greater than was originally anticipated. These results follow.

Institutions. The number of institutions originally assigned for interview was 915. Another 37 institutions were discovered as additional sample units in institutions which offered more than one of the six major types of care. As discussed earlier, if an institution offered more than one type of care, each type was treated as if it were a separate facility. Therefore, the total number of sample institutions was 952. Eighty-four facilities were found to be "out-of-scope" during the actual enumeration phase:

Number	Percent	Reason
10	1	Duplicate sample institutions
36	4	Sample facility was out-of-business
28	3	Sample facility offered short-term care only
10	1	Sample facility was out-of-scope for other reasons (detention facility, administrative office, etc.)
84	9	Total "out-of-scope"

Thus, there were 868 sample institutions available for interview. Of those 868, 13 refused to participate at all in the survey, leaving 855 which granted an interview for at least the institution questionnaire (SIP-1). Therefore, the interview rate for the institution questionnaire was 98.5 percent of the eligible institutions.

Of the 855 institutions participating in the institution interview, 33 would not grant permission for the sampling of residents. The remaining phases (staff, administrative records, resident, and family interviews) of the survey were entirely dependent on the selection of sample residents and were completed at 96.1 percent of the institutions.

Section A (administrative records) of the resident questionnaire was completed for at least one resident in 801 institutions, or in 93.7 percent of the participating (855) institutions. The staff-member interview (section B) of the resident questionnaire was completed for at least one resident in 800 (93.6 percent) of the participating institutions. At least one section C (resident) interview was conducted in 585 (68.4 percent) of the 855 institutions. Next-of-kin information was provided by 627 (73.3 percent) of the sample facilities.

The figures presented previously do not totally reflect the amount of cooperation given by the administrators. The completion of some phases of the survey was dependent upon the age and/or mental competence of the resident. In addition, there were some cases in which the administrator did not have the authority to permit the interviewer access to the records, but would agree to contact the residents' families for permission. For example, many times in children's facilities, all of the sample residents were under 14 years of age and therefore, no section C interviews were conducted, or family approval was needed to release any data (for those 14 and over) and it was not granted; thus, no resident or (next-of-kin) data could be obtained, although the administrator gave his/her authorization. With these qualifications in mind, the table on the following page shows the number of institutions in which data for a survey phase was not obtained as compared to the number of administrators who actually refused their authorization.

From the 822 institutions permitting the selection of a resident sample, 9,388 residents were sampled. Fifty-one of those residents selected were determined to be ineligible or out-of-scope because during the interviewing it was learned they had either been discharged (prior to being selected) or they did not actually reside in the facility and a bed was not being held for them. No substitution was made for these records; therefore, the number of possible resident interviews was 9,337.

Section A of the resident questionnaire was filled from the sample residents' administrative records. This information could be transcribed directly from the records or obtained from facility personnel with access to that data; there were 1,702 section A forms transcribed and 7,344 obtained by personal interview with a member of the records staff, for a total of 9,046 interviews, or a 96.9 percent completion rate. The remaining 291 (3.1 percent) cases were noninterviews, of which 215 (2.3 percent) were refused information by the administrator, resident, or his/her family. The other noninterviews (76

Completion and Authorization Rates for Survey Phases

Survey phases	Number of institutions in which administrators refused authorization (percent of total)	Total number of institutions with no data obtained (percent of total)
Sample section	33 (3.9%)	33 (3.9%)
Administrative Records (SIP-2—Sect. A)	54 (6.3%)	54 (6.3%)
Staff members (SIP-2—Sect. B)	55 (6.4%)	55 (6.4%)
Sample residents (SIP-2—Sect. C)	270 (31.6%)	109 (12.7%)
Next-of-kin Information	228 (26.7%)	177 (20.7%)

cases or 0.8 percent) had no specific noninterview reason recorded which could be coded.

Resident Questionnaire (Section A) Completion Rate

Section A	Number	Percent
Interviews	9,046	96.9
Refusals	215	2.3
Other noninterviews	76	0.8
Total	9,337	100.0

Section B of the resident questionnaire was completed in a personal interview with a staff member who had frequent contact with the sample resident. Of the 9,337 possibles, interviews were obtained for 9,036 residents or 96.8 percent of the sample. There were 301 (3.1 percent) noninterviews, of which 195 (2.1 percent) were refusals by the administrator. The other 106 noninterviews comprised only 1.1 percent of the total workload and generally were not completed because the resident refused or the family would not allow access to the resident's records.

Resident Questionnaire (Section B) Completion Rate

Section B	Number	Percent
Interviews	9,036	96.8
Refusals	195	2.1
Other noninterviews	106	1.1
Total	9,337	100.0

Section C of the resident questionnaire obtained information directly from the sample resident. There were 1,712 (18.3 percent) of the 9,337 sample residents who were under 14 years of age and, therefore, not eligible for interview. Of the 7,625 residents 14 years old and over, 4,622 (60.6 percent) were interviewed. Of the noninterviews, 302 (4.0 percent) residents were unable to "pass" (answer three or more of) the screening questions; 2,456 (32.2 percent) cases were those in which the administrator refused permission for the sample resident to be interviewed, and in 1,330 (17.4 percent) of those cases the administrator was unwilling to permit an interview because of

the resident's inability to respond or incompetency. The remaining noninterview cases were due to other reasons. The response rates for section C were:

Resident Questionnaire (Section C) Completion Rate

Section C	Number	Percent
Interviews	4,622	60.6
Failed screening	302	4.0
Administrator refused	2,456	32.2
Family refused	114	1.5
Other noninterviews	131	1.7
Total	7,625	100.0

One-half or 4,668 of the residents were eligible to have families selected for interview, of which 89.5 had known next of kin; the remaining 10.5 percent or 491 residents were out-of-scope for the purposes of the family sample. Of the 4,177 possible interview cases, 3,327 or 79.7 percent were completed. There were 2,876 (68.9 percent) telephone interviews and 451 (10.8 percent) personal interviews. The response rates and noninterviews were as shown on the following table:

Family Questionnaire Completion Rate

Family Questionnaire	Number	Percent of total workload
Interviews	3,327	79.7
Family Refused	112	2.7
Temporarily Absent	10	.3
Deceased	13	.3
Unable to Contact	190	4.5
"Other" Noninterviews		
Administrator Refused	294	7.0
Resident Refused	122	2.9
Court refused	13	.3
Unable to Respond	17	.4
Other Reason	79	1.9
Total	4,177	100.0

Of particular interest in the results of the family sample is the number of residents with family or next of kin. It was originally estimated in the planning stages for SIP that approximately 30 percent of the residents would have no next of kin and, therefore, would be "out-of-scope" when selected for the family sample.

Data Processing

The interviewers and the regional office staff edited the forms for accuracy and completeness prior to transmittal to the Census processing center. Once the forms were transmitted for processing, the documents for each sample facility were rechecked for accuracy and completeness. Since each of the sample institution's forms were prenumbered serially and arranged in a "packet," missing forms could be readily detected. Noninterview institutions were reviewed to determine if any further follow-up efforts would be effective in converting them to interview status.

Detailed instructions were prepared for each item which required clerical editing. In addition, a tally was prepared from about 10 percent of the questionnaires for questions with an "Other—specify" answer category to determine if that category could be reduced by creating additional specific categories. Instructions were then prepared for those items to be recoded and the appropriate recode categories for each were provided. The total number of sample residents and families per institution was verified for accuracy. In addition, the individual resident and family forms were matched to verify that the correct serially numbered form was used for the appropriate sample person and that they were eligible respondents. Following the check-in and clerical processing of the forms, they were arranged in serial-number order by institution for further processing.

The questionnaires were keyed on Entrex (keying) machines. These machines were programmed to range check each data field in the questionnaires to determine if an entry was "in range." Improper entries could thus be corrected in the keying phase of processing directly from the survey documents rather than in the computer edit phase where such (out-of-range) entries would need to be blanked or made "not answered." Each question had a specified number of positions in a particular field in which information could be keyed, as well as the appropriate range of acceptable entries. That is, keying was performed in a fixed field format.

A data file (keyed) was received from the processing unit on June 8, two months after the termination of field work. The computer editing of the file began immediately after receipt of the data file and was completed in two basic phases which were performed over a period of 4 months.

A preliminary edit (preadit), which checked certain critical items on each of the questionnaires for accuracy and completeness was the first of the computerized operations performed on the file. If out-of-scope or blank entries were found for these items, the original questionnaires were checked to determine the correct entry and the file adjusted accordingly. The items included in the preliminary edit were: the type of care provided by the institution, its bed size, the total number of residents by

sex; the sample residents' age, sex, marital status, and race; and the family respondent's relationship to the sample resident.

The second computerized editing phase was the consistency edit. In this edit, each data item was range checked and checked for consistency with each of its related subparts. Items which were internally inconsistent were corrected, if possible, to agree with the primary data obtained in its subparts. For example, if a lead item was a "yes" or "no" general response and it was blank or inconsistent with the detailed items (more specific than the lead item) which followed, the lead item was changed to be made consistent. In addition, if there were data items which were blank and could be answered by referring to completed items in the same questionnaire, they were filled. However, answers were not compared or filled between the different survey questionnaires, except for basic demographic characteristics such as marital status and education. Items which should have been filled, but could not be because of the lack of coresponsive data items, were coded "N/A" or not ascertainable. Blank items or items which should not have been answered because of the skip pattern were coded as "blank" or "not in universe". No imputations or allocations were made for missing data items. Nor were entries substituted from the MFI file.

After the data file was edited, the tabulation variables were created for the questionnaire items. The tables were produced using a standard Census Bureau table generation program; weighted and unweighted (unit) counts for each of the tabulation variables were reviewed for accuracy prior to the production of the entire table package.

Estimation Procedure

The estimation procedure employed for this survey was straightforward. It consisted basically of inflating the sample counts by the reciprocal of the probabilities of selection, with an adjustment for nonresponse. A more sophisticated model, using a ratio adjustment to known, independent counts of institutions or institutionalized persons, was ruled out of consideration on the grounds that there were no valid or up-to-date independent estimates deemed acceptable. Because of the nature of the sample design and tabulation needs, separate inflation methods (weighting) were used for each of the three components of the survey, i.e., institutions, residents, and families.

Institution weights. The sample of institutions was selected from 18 independent strata (6 care types by 3 size groups). Within a stratum, institutions were selected with probability proportionate to their 1973 size. The weight for each institution was calculated based on the inverse of its probability for selection and a noninterview adjustment. The following formula was used to determine the basic weight (inverse of the probability for selection) for a given institution:

Number of beds (1973 MFI)

Number* of sample institutions
selected in stratum

$$\times \frac{1}{\text{Sample institution bed size (MFI)}} = \text{Basic Weight}$$

*Either 75 or 50.

Note: The basic weight for "certainty" (self-representing) strata was 1.0, as all institutions in those strata were included in sample. Thus, the probability for selection was unity.

The noninterview adjustment factor was computed as follows:

$$\frac{\text{Number of sample institutions interviewed in stratum} + \text{Number of refusal institutions in stratum}}{\text{Number of sample institutions interviewed in stratum}} = \text{Noninterview Adjustment}$$

This factor, when multiplied by the basic weight, gives the final institution weight. (Base weight X Nonresponse adjustment = Final Weight)

Institutions discovered during the survey (not listed on the MFI) and those offering more than one type of care (each type interviewed as though it were a separate institution) were weighted utilizing the same final weights as the parent facilities to which they were associated.

Resident Weights. The residents selected from each sample institution were weighted together in the sense that the weights for all sample residents within each sample institution were identical. The weights assigned to residents from different sample facilities varied, of course.

The resident weight is the product of three factors—the institution weight, the inverse of the probability of within-institution selection, and a noninterview adjustment. The following formulas illustrate that procedure:

$$\frac{\text{Number of beds in stratum (MFI)}}{\text{Number of sample institutions to be selected in stratum}} \times \frac{1}{\text{Sample institution bed size (MFI)}} \times \frac{\text{Number of institutions interviewed in stratum}}{\frac{\text{Number of institutions interviewed in stratum}}{\text{Number of institutions interviewed in stratum}} + \text{noninterviews}} = \text{Institution Component of Resident Weight}$$

Note: This is the same procedure used for computing the institution weight. Institutions not permitting the selection of a sample of residents were added to the number of noninterviews, however.

Number* of persons to be selected within institution

Number of beds in institution (1973 MFI)

= Within-institution
"take every"

*Either 10 or 15.

$$\frac{\text{Number of sample resident interviews in institution}}{\text{Number of sample resident interviews in institution}} + \frac{\text{Number of noninterviews}}{\text{(SIP-2/Sect. A)}} = \text{Noninterview Adjustment}$$

The product of these three weighting components is the final resident weight applied to each of the sample residents in an institution.

Family Weight. One-half the sampled residents were eligible to have a family selected in sample. Again, the family weight is the product of three factors—the person (resident) weight, the value 2, and a noninterview adjustment. The resident weight used in this calculation is the same weight applied to the residents. That value was multiplied by 2, as only one-half the residents were eligible for the family sample. The resulting value was then multiplied by a noninterview adjustment as follows:

Resident weight X 2

$$\frac{\text{Number of residents eligible for family sample (i.e., those with next of kin) in stratum}}{\text{Number of completed family interviews for stratum}} = \text{Family Weight}$$

Note: The noninterview adjustment was calculated on a stratum basis rather than by institution because the family sample was only half the size of the resident sample, and moreover, some of those selected had no family; therefore, the size of the family sample would have been prohibitively small for separate noninterview adjustments by institution. Thus, all families within a stratum received the same noninterview adjustment.

Publication

After the file was edited, recoded (tabulation variables), and weighted, the data tables were produced. The tables are included in a publication prepared by the Bureau of the Census. HEW (the sponsor) received a copy of the tables and a data tape file of all of the institution, resident, and family information. The data file prepared for HEW had all information which might identify an institution or person removed. That file and its documentation can be purchased at cost from the Bureau of the Census by contacting:

Larry W. Carbaugh
Data User Services Division
Bureau of the Census
Washington, D.C. 20233

Reliability

The final discussion topic of this report deals with the type and magnitude of error in the SIP data.

Since the SIP estimates are based on a sample, they may differ somewhat from the results that would have been obtained if a complete census of institutions, residents, and families had been taken using the same forms, procedures, and interviewing staff. As in any sample survey, the results are subject to errors of response and reporting, as well as to sampling variability.

The standard errors or variance associated with the data are included with the published report of the SIP results (P-23 series). The standard error, as calculated, will include sampling error or variability, and some portion of the measurement error or variability. It will not, however, include any measures of systematic biases that may be present in the data.

Appendix A

O.M.B. No. 41-S75070; Approval Expires December 31, 1976

~ PGM 1 ↓

NOTICE — Your report will be held in strict confidence and will be seen only by sworn Census employees and may be used only for statistical purposes.

FORM SIP-1
(10-1-75)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE

INSTITUTION QUESTIONNAIRE SURVEY OF INSTITUTIONALIZED PERSONS

Interviewer name _____ Code _____

a. Name of respondent

Position _____

Telephone (Area code, number, extension) _____

b. RECORD OF CALLS

c. RECORD OF INTERVIEW

Date	Time	Began	a.m.
	a.m. p.m.		p.m.
	a.m. p.m.	Ended	a.m. p.m.
	a.m. p.m.		p.m.
	a.m. p.m.	Date completed	

d. Appointment made →

Date _____ Time _____ a.m. p.m. Room number _____

e. Description of contact

INSTITUTION

001 1 Interview obtained
2 Included in interview of other facility — Name of facility ↵

3 Refusal — Explain _____

4 Unable to contact — Explain ↵

5 Other — Specify _____

RESIDENT

002 1 Sample selected
2 Access to files refused — Specify ↵

f. Number of SIP-2's attached

003

INTRODUCTORY STATEMENT

This survey concerns the characteristics of long-term care facilities and schools as well as the persons residing in institutions — the cost of their care, the services they receive, the impact of their institutionalization upon the members of their families, and so forth. After asking you some questions about this facility, I would like to select a sample of the residents in this institution. It may be necessary to obtain some information from your records concerning the payment for their care and the name and address of a family member we can contact. In addition, I would like to talk to each of the persons selected for the sample as well as to staff members who have daily or frequent contact with the sample persons.

The information you provide is confidential and will be seen only by Bureau of the Census employees. Neither this institution, its staff, nor the sample persons will be identified to anyone. Nor will information obtained from this institution or its staff members be divulged to the sample persons or members of their families. The data we collect in this study will be used for statistical purposes only.

← Mark (X) if more than one questionnaire completed at sample institution.

If extra unit interviewed, enter control number of original sample institution.

Control number

PHONE INFORMATION TO OFFICE IMMEDIATELY AFTER INTERVIEW.

<p>1a. What type of care is provided by this facility?</p>	<p>(004) <input type="checkbox"/> <input type="checkbox"/> (1) _____ (005) <input type="checkbox"/> <input type="checkbox"/> (2) _____</p>
<p>b. How long has this facility been in operation in this specialty area?</p>	<p>(006) _____ Years <input type="checkbox"/> Less than one year</p>
<p>SHOW FLASHCARD ①</p>	
<p>2. Please look at this card and tell me what type of facility this is. (Mark (X) only one)</p>	<p>(007) 1 <input type="checkbox"/> Nursing home (including extended care facilities and skilled nursing homes) 2 <input type="checkbox"/> ECF unit of a hospital 3 <input type="checkbox"/> Nursing care unit for retirement center 4 <input type="checkbox"/> Convalescent or rest home 5 <input type="checkbox"/> Home for aged 6 <input type="checkbox"/> Sheltered or custodial care home 7 <input type="checkbox"/> Orphanage or home for dependent children 8 <input type="checkbox"/> Home for unwed mothers</p>
<p style="text-align: center;">RESIDENT FACILITY OR SCHOOL FOR THE –</p>	
	<p>(007) 9 <input type="checkbox"/> Blind 10 <input type="checkbox"/> Deaf 11 <input type="checkbox"/> Emotionally disturbed 12 <input type="checkbox"/> Mentally retarded 13 <input type="checkbox"/> Other neurologically handicapped persons 14 <input type="checkbox"/> Physically handicapped</p>
<p style="text-align: center;">RESIDENT TREATMENT CENTER FOR –</p>	
	<p>(007) 15 <input type="checkbox"/> Alcoholics 16 <input type="checkbox"/> Drug abusers 17 <input type="checkbox"/> Other facility – Describe _____ _____</p>
CHECK ITEM A	<p>(008) 1 <input type="checkbox"/> Two or more types of care (question 1a) provided by facility. Complete separate questionnaires for each type of care. Place an "X" to the left of the category in question 1a which is the type of care described in THIS questionnaire.</p>
<p>Notes</p>	

3a. Does this facility have more than one campus which offers this type of care?

(009) 1 Yes - How many?

(010) _____

o No - SKIP to 4a

b. What is the name and location of the other (each) campus?

(1) Name

Address (Number and street)

City _____ State _____

(2) Name

Address (Number and street)

City _____ State _____

(3) Name

Address (Number and street)

City _____ State _____

(4) Name

Address (Number and street)

City _____ State _____

(5) Name

Address (Number and street)

City _____ State _____

c. Does (name of sample facility) use the same Personnel Office jointly with one or more of these campuses?

(011) 1 Yes

2 No - SKIP to Check Item B

d. What other campus shares the use of this office with (name of sample facility)?

Name(s)

(1) _____

(2) _____

(3) _____

(012) 1 "Yes" in 3c - Questionnaire pertains to sample facility and campuses listed in 3d.

2 "No" in 3c - Questionnaire pertains to sample facility only.

CHECK
ITEM B

4a. Is this facility operated for profit?	<p>(013) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c</p>
b. Is it owned by one individual, a partnership, or a corporation?	<p>(014) 3 <input type="checkbox"/> Individual 4 <input type="checkbox"/> Partnership 5 <input type="checkbox"/> Corporation 6 <input type="checkbox"/> Other – Specify _____</p> <p style="text-align: right;">} SKIP to 4d</p>
<p>c. Who operates this facility? (Mark (X) only one)</p> <p>FEDERAL GOVERNMENT</p> <p>(015) 11 <input type="checkbox"/> U.S. Public Health Service 12 <input type="checkbox"/> Veterans Administration 13 <input type="checkbox"/> Armed Services 14 <input type="checkbox"/> Other – Specify _____</p> <p>NON-FEDERAL GOVERNMENT</p> <p>(015) 15 <input type="checkbox"/> State 16 <input type="checkbox"/> County 17 <input type="checkbox"/> City 18 <input type="checkbox"/> City-county 19 <input type="checkbox"/> Hospital district 20 <input type="checkbox"/> Other – Specify _____</p> <p>(015) 21 <input type="checkbox"/> CHURCH RELATED</p> <p>22 <input type="checkbox"/> NONPROFIT CORPORATION 23 <input type="checkbox"/> OTHER – Specify _____</p>	} SKIP to 5a
d. Is this facility a member of a group of facilities operating under one general management or general ownership?	<p>(016) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
5a. What is the average length of time residents stay in this facility?	<p>(017) 1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1–6 months 3 <input type="checkbox"/> 7–12 months 4 <input type="checkbox"/> 1–3 years 5 <input type="checkbox"/> 4–6 years 6 <input type="checkbox"/> 7–10 years 7 <input type="checkbox"/> 11–15 years 8 <input type="checkbox"/> More than 15 years</p> <p style="text-align: right;">} SKIP to 5c</p>
b. Is there any unit in this facility that has an average length of stay of more than 30 days?	<p>(018) 1 <input type="checkbox"/> Yes – Continue interview; state that this survey will deal ONLY with residents in the long-term-care unit – SKIP to 6 2 <input type="checkbox"/> No – Thank respondent and END INTERVIEW</p>
c. Is there any unit in this facility that has an average length of stay of less than 30 days?	<p>(019) 1 <input type="checkbox"/> Yes – Exclude this unit from the interview 2 <input type="checkbox"/> No</p>

6. Does your facility accept both male and female residents?	(020) 1 <input type="checkbox"/> Both males and females 2 <input type="checkbox"/> Males only 3 <input type="checkbox"/> Females only
7a. Does your facility accept persons of all ages, including infants and children?	(021) 4 <input type="checkbox"/> Yes – SKIP to 8 5 <input type="checkbox"/> No
b. What is the minimum age accepted?	(022) _____ Years o <input type="checkbox"/> No minimum age
c. What is the maximum age accepted?	(023) _____ Years o <input type="checkbox"/> No maximum age
8. What is the total number of beds regularly maintained for residents? INCLUDE all beds set up and staffed for use whether in use by residents at the present time, or not. Do NOT include beds used by staff or owners, or beds used exclusively for emergency purposes, solely day care, or solely night care.	(024) _____ Beds
9. How many rooms for residents does this facility have that contain –	Rooms
1 bed only?	(025) _____
2 beds?	(026) _____
3 or 4 beds?	(027) _____
5 to 9 beds?	(028) _____
10 or more beds?	(029) _____
SHOW FLASHCARD (2)	
10a. Which of these reasons describes why people chose this facility? (Mark (X) all that apply)	(030) * 11 <input type="checkbox"/> Geographic location 12 <input type="checkbox"/> Level and type of treatment provided 13 <input type="checkbox"/> Care without charge or at reduced cost 14 <input type="checkbox"/> Only facility providing required care treatment 15 <input type="checkbox"/> Assigned by court 16 <input type="checkbox"/> Church or religious affiliation of facility 17 <input type="checkbox"/> Recommended by physician 18 <input type="checkbox"/> Recommended by family or friends 19 <input type="checkbox"/> Recommended by welfare, family services, or other public agency 20 <input type="checkbox"/> Other – Specify _____ 88 <input type="checkbox"/> Don't know
If more than one reason marked in 10a, ASK –	(031) <input type="checkbox"/> <input type="checkbox"/>
b. What is the MAIN reason this facility is chosen?	

<p>11a. What proportion of the residents has been assigned or referred to this facility by a legal agency?</p>	<p>(032) 0 <input type="checkbox"/> None – SKIP to 11c 1 <input type="checkbox"/> Less than 25 percent 2 <input type="checkbox"/> 25–49 percent 3 <input type="checkbox"/> 50–74 percent 4 <input type="checkbox"/> 75 percent or more 5 <input type="checkbox"/> All</p>												
<p>b. Are these residents under the custody of the court?</p>	<p>(033) 6 <input type="checkbox"/> Yes 7 <input type="checkbox"/> No</p>												
<p>c. What proportion of the residents has been assigned or referred to this facility by a family services or welfare agency?</p>	<p>(034) 0 <input type="checkbox"/> None 1 <input type="checkbox"/> Less than 25 percent 2 <input type="checkbox"/> 25–49 percent 3 <input type="checkbox"/> 50–74 percent 4 <input type="checkbox"/> 75 percent or more 5 <input type="checkbox"/> All</p>												
<p>12a. Is this facility accredited by any professional organizations such as the Joint Commission on Accreditation of Hospitals, the American Association of Psychiatric Clinics for Children, and so forth?</p>	<p>(035) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 13a</p>												
<p>b. Which organization(s) is it accredited by?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 60%;">Name of organization</th> <th style="text-align: center; width: 20%;">c. When were you last surveyed for accreditation by (name of organization)?</th> </tr> <tr> <th style="text-align: center;">Month</th> <th style="text-align: center;">Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">(036) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">(037) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> 19 <input style="width: 15px; height: 15px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td style="text-align: center;">(038) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">(039) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> 19 <input style="width: 15px; height: 15px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td style="text-align: center;">(040) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">(041) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> 19 <input style="width: 15px; height: 15px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td style="text-align: center;">(042) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">(043) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> 19 <input style="width: 15px; height: 15px; border: 1px solid black;" type="text"/></td> </tr> </tbody> </table>	Name of organization	c. When were you last surveyed for accreditation by (name of organization)?	Month	Year	(036) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	(037) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> 19 <input style="width: 15px; height: 15px; border: 1px solid black;" type="text"/>	(038) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	(039) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> 19 <input style="width: 15px; height: 15px; border: 1px solid black;" type="text"/>	(040) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	(041) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> 19 <input style="width: 15px; height: 15px; border: 1px solid black;" type="text"/>	(042) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	(043) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> 19 <input style="width: 15px; height: 15px; border: 1px solid black;" type="text"/>
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<p>13a. Has this facility had to make changes in any of the following during the past two years because of statutory or regulatory requirements? (Read) → (Mark (X) all that apply)</p>	<p>(044) 1 <input type="checkbox"/> Staff/patient ratio 2 <input type="checkbox"/> Recertification of patients 3 <input type="checkbox"/> Recertification of physical facilities 4 <input type="checkbox"/> Recertification of staff 5 <input type="checkbox"/> Occupational composition of staff 6 <input type="checkbox"/> Anything else – Specify _____ 0 <input type="checkbox"/> None of the above – SKIP to 14a</p>												
<p>b. What was the source of the change(s)? (Mark (X) all that apply)</p>	<p>(045) 1 <input type="checkbox"/> Social Security/Medicare Program 2 <input type="checkbox"/> Medicaid Program 3 <input type="checkbox"/> Court 4 <input type="checkbox"/> State agency 5 <input type="checkbox"/> Supplemental Security Income Program 6 <input type="checkbox"/> Other – Specify _____</p>												

SHOW FLASHCARD (3)

14a. Which of these activities are available for residents of this facility to participate in?

After activities are checked, ask 14b and 14c for each marked activity.

	b. How often do residents of this facility (read marked categories)?		c. Do the residents usually (type of activity) at this facility or somewhere else?		
	Once a month or more often	Less often than once a month	At this facility	At another location	Both
(1) Go shopping	046) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(2) Go to a beauty or barber shop	047) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(3) Go swimming, bowling, dancing	048) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(4) Participate in competitive sports	049) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(5) Play cards, bingo, or other games	050) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(6) Attend get-togethers, parties, group conversations	051) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(7) Attend plays, movies, concerts	052) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(8) Attend religious services or church related activities	053) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(9) Attend sporting events	054) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(10) Attend arts and crafts classes or workshops	055) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(11) Attend classes, lectures, exhibits, fairs	056) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(12) Attend meetings of clubs, committees, and councils	057) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(13) Perform work/service for pay or as a volunteer	058) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(14) Read books, papers, magazines	059) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(15) Watch television	060) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(16) Write letters or make phone calls	061) * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(17) None	062) 0 <input type="checkbox"/>				

15a. Do most of the residents have access to the grounds of the facility?

063) 1 Yes
2 No – SKIP to 16a

b. Is supervision generally required for the residents who are using the grounds of the facility?

064) 3 Yes
4 No

16a. Does this facility keep a waiting list of persons to be admitted when a bed becomes available?

065) 1 Yes
2 No – SKIP to 17a

b. How many people were on this waiting list last night?

066) _____ People
0 None

c. Do you provide any services to the persons on this waiting list?

067) 1 Yes
2 No – SKIP to 17a

SHOW FLASHCARD (4)

d. Which of those services do you provide to persons on the waiting list on a day-care or outpatient basis?
(Mark (X) all that apply)

068) 11 Meals (at least one meal daily)
12 Nursing care, health referral services
13 Physical or occupational therapy
14 Recreational activities, use of grounds
15 Transportation and/or escort services
16 Homemaker or chore services
17 Visiting or telephone check services
18 Elementary or secondary education program
19 Special education program
20 Professional counseling
21 Other – Specify _____

<p>17a. Does this facility provide any services to persons who are not on a waiting list and are not residents of this facility?</p>	<p>(069) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a</p>
<p>SHOW FLASHCARD (4)</p> <p>b. Which of these services do you provide to these persons? (Mark (X) all that apply)</p>	
<p>(070) 11 <input type="checkbox"/> Meals (at least one meal daily) * 12 <input type="checkbox"/> Nursing care, health referral services 13 <input type="checkbox"/> Physical or occupational therapy 14 <input type="checkbox"/> Recreational activities, use of grounds 15 <input type="checkbox"/> Transportation and/or escort services 16 <input type="checkbox"/> Homemaker or chore services 17 <input type="checkbox"/> Visiting or telephone check services 18 <input type="checkbox"/> Elementary or secondary education program 19 <input type="checkbox"/> Special education program 20 <input type="checkbox"/> Professional counseling 21 <input type="checkbox"/> Other – Specify _____</p>	
<p>18a. Was the oldest building on this campus originally constructed for use as a facility for the type of service you are now providing to a majority of residents?</p>	<p>(071) 1 <input type="checkbox"/> Yes – SKIP to 18c 2 <input type="checkbox"/> No</p>
<p>b. What was the original purpose and use of this building? (Mark (X) main use)</p>	<p>(072) 1 <input type="checkbox"/> Private home (single family dwelling) 2 <input type="checkbox"/> Duplex 3 <input type="checkbox"/> Apartment house (5 or more units) 4 <input type="checkbox"/> Hotel or motel 5 <input type="checkbox"/> Hospital 6 <input type="checkbox"/> School 7 <input type="checkbox"/> Other – Specify _____ 8 <input type="checkbox"/> Don't know</p>
<p>c. How many buildings does this facility have?</p>	<p>(073) 1 <input type="checkbox"/> One – SKIP to 18e _____ Number</p>
<p>d. How many of these buildings are used for sleeping?</p>	<p>(074) _____ Number</p>
<p>e. How many of these buildings are more than 50 years old?</p>	<p>(075) _____ Number 0 <input type="checkbox"/> None</p>
<p>f. How many of the buildings on this campus have been renovated or remodeled since 1970?</p>	<p>(076) _____ Number 0 <input type="checkbox"/> None</p>
<p>g. How many buildings have been built since 1970?</p>	<p>(077) _____ Number 0 <input type="checkbox"/> None</p>
<p>h. Is there an infirmary with two or more beds on the campus of this facility?</p>	<p>(078) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>i. Is there a nurse on duty 24 hours a day?</p>	<p>(079) 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No</p>
<p>j. Is there a doctor on duty or on call 24 hours a day?</p>	<p>(080) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

19a. For each of the following occupations or positions, please tell me the number of employees this facility employs in each category. Count each employee only once, in the occupation at which they spend most of their time.
 You are to include full-time and part-time employees, as well as persons who volunteer their professional services. However, exclude persons providing a service for a fee.
 Ask 19b-d for each entry in 19a before continuing with next occupation.

b. Are the services of this (these) (read marked categories) usually provided on the grounds of this facility or at another location?

c. Are the services of this (these) (read marked categories) usually provided as part of the basic charge or as a special or extra charge?

d. How many of these persons are licensed?

PGM 3 ↓ Occupations		How many full time?	How many part-time?	How many volunteers?	At this facility	At another location	Basic charge	Extra charge	Number
Administrator and Assistant Administrator	01				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Program Director	02				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Physicians (M.D.'s other than psychiatrists)	03				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Dentists	04				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Registered nurses	05				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
LPN or vocational nurses.....	06				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Nurse's aides, orderlies, student nurses, and attendants.....	07				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Dieticians and nutritionists.....	08				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Psychologists	09				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Psychiatrists.....	10				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Psychiatric aides	11				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Interns or other professional medical residents (residency)	12				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Social workers	13				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Occupational therapists and assistants	14				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Physical therapists and assistants	15				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Speech therapists and audiologists.....	16				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Recreation therapists.....	17				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Activities directors.....	18				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Teachers.....	19				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Classroom and teacher aides.....	20				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Other professional and technical personnel (such as pharmacists, etc.)	21				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Kitchen workers; laundry, housekeeping, and maintenance personnel	22		000		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
All other personnel (such as secretary, file clerk, chauffeur, etc.)	23		000		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

20a. Does this facility use the services of volunteers or other individuals for which there is no charge to the facility? Do not include persons who volunteer their professional services.

(081) 1 Yes
2 No – SKIP to 21a

b. Do as many as 10 volunteers work here every weekday?

(082) 3 Yes – SKIP to 20d
4 No

c. Do as many as 15 volunteers work here at least once a week?

(083) 5 Yes
6 No

d. How many volunteers work here at least once a month?

(084) _____ Volunteers

e. How dependent is this facility upon volunteer help? (Read) →

(085) 1 Very dependent
2 Somewhat dependent
3 Not dependent at all

f. What kind of work is done by most of the volunteers?

(086) 4 Office work/library
5 Help with care of residents
6 Other – Specify ↗

g. Are most of the volunteers of a certain age group or members of a particular organization?

(087) 1 Yes
2 No – SKIP to 21a

h. Which?

(088) 3 Age
4 Organization
5 Both

21a. Do the residents of this facility do any assigned work or maintenance for therapy or treatment?

(089) 1 Yes
2 No – SKIP to 22a

b. How many residents participate in the assigned work or maintenance?

(090) _____ Residents

c. Do these residents receive any monetary reimbursement for this work?

(091) 1 Yes
2 No – SKIP to 22a

d. How is this paid to the residents?

(092) 3 Cash
4 Credited to personal account
5 Deducted from bill
6 Reimbursed in-kind
7 Other – Specify _____

Notes

22a. Are the residents allowed access to writing materials, postage and so forth, for correspondence?	<p>(093) 1 <input type="checkbox"/> Residents too young or unable to write 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No</p>
b. Are the residents permitted the use of the telephone upon request?	<p>(094) 4 <input type="checkbox"/> Yes 5 <input type="checkbox"/> No</p>
c. Are the residents allowed visitors?	<p>(095) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
d. Are the residents allowed access to legal counsel?	<p>(096) 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No</p>
If "No" in 22a, b, c, or d, ASK; otherwise SKIP to 23	<p>(097) 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No – SKIP to 23</p>
e. Are there written rules, policies and/or procedures regarding these restrictions? (Mark (X) all that apply)	<p>(098) 1 <input type="checkbox"/> Staff * 2 <input type="checkbox"/> Superintendent or administrator 3 <input type="checkbox"/> Someone from outside the facility 4 <input type="checkbox"/> Other – Specify ↓</p>
	<p>5 <input type="checkbox"/> Residents unable to understand policies because of age and/or condition</p>
23. Which of the following criteria are used to determine to which ward or cottage a resident will be assigned? (Read) → (Mark (X) all that apply)	<p>(099) 1 <input type="checkbox"/> Severity of condition * 2 <input type="checkbox"/> Age 3 <input type="checkbox"/> Sex 4 <input type="checkbox"/> Place of residence 5 <input type="checkbox"/> Family income 6 <input type="checkbox"/> Education 7 <input type="checkbox"/> Any other factor – Specify ↓</p>
24. Who has the authority to consent for unusual or hazardous procedures, such as surgery, convulsive therapy, and so forth? (Mark (X) all that apply)	<p>(100) 1 <input type="checkbox"/> Superintendent or administrator of this facility * 2 <input type="checkbox"/> Outside guardian 3 <input type="checkbox"/> Patient's family 4 <input type="checkbox"/> Patient 5 <input type="checkbox"/> Each situation is handled individually under court order 6 <input type="checkbox"/> Other – Specify ↓</p>

28. Does this facility provide outpatient care or supervision for residents after discharge?	(114) 1 <input type="checkbox"/> Yes - What kind? (115) 2 <input type="checkbox"/> No
29a. Does this facility participate in the Medicare (Title XVIII) Program?	(116) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 30a
b. How many beds are certified for Medicare?	(117) _____ Beds o <input type="checkbox"/> None - SKIP to 30a
c. How many of these certified beds were occupied by Medicare patients last night?	(118) _____ Beds x <input type="checkbox"/> All o <input type="checkbox"/> None
30a. Does this facility participate in the Medicaid (Title XIX) Program?	(119) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 31a
b. Does this facility have any skilled nursing beds?	(120) 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No - SKIP to 30e
c. How many of these beds are certified as skilled nursing beds for Medicaid?	(121) _____ Beds x <input type="checkbox"/> All o <input type="checkbox"/> None - SKIP to 30e
d. How many of these certified beds were occupied by Medicaid patients last night?	(122) _____ Beds x <input type="checkbox"/> All o <input type="checkbox"/> None
e. Does this facility have any intermediate care beds?	(123) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 31a
f. How many of these beds are certified as intermediate care beds for Medicaid?	(124) _____ Beds x <input type="checkbox"/> All o <input type="checkbox"/> None - SKIP to 31a
g. How many of these certified beds were occupied by Medicaid patients last night?	(125) _____ Beds x <input type="checkbox"/> All o <input type="checkbox"/> None
31a. How is this facility financially supported? (Mark (X) all that apply)	(126) 1 <input type="checkbox"/> Church * 2 <input type="checkbox"/> State-supported 3 <input type="checkbox"/> Funds from Medicare 4 <input type="checkbox"/> Funds from Medicaid 5 <input type="checkbox"/> Funds from other government program - Specify _____
	6 <input type="checkbox"/> Private donations 7 <input type="checkbox"/> Fees for residents care 8 <input type="checkbox"/> Other - Specify _____
If more than one source in 31a, ASK -	(127) <input type="checkbox"/>
b. Which of these is the main source of financial support?	

<p>32a. On the average how much do you charge for food, lodging, and the basic care provided by this facility?</p>	<p>(128) \$ _____ . 00 per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> No charge is made</p>
<p>b. How much does it actually cost this facility to provide this basic care to a resident?</p>	<p>(130) \$ _____ . 00 per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Don't know</p>
<p>33. Who receives payment of charges for an individual resident's care - this facility, a private agency, a government agency, or someone else? (Mark (X) only one)</p>	<p>(132) <input type="checkbox"/> This facility <input type="checkbox"/> Private agency <input type="checkbox"/> Government agency <input type="checkbox"/> Other - Specify _____</p>
<p>34a. Does this facility maintain individual resident accounts for spending, savings, and so forth?</p>	<p>(133) <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 34d</p>
<p>b. What types of accounts are maintained for residents? (Read) ————— (1) Personal spending (pocket money) . . . (2) Savings (3) Burial (4) Other - Specify ↓</p>	<p>c. What is the maximum allowed in the account? <p>(134) \$ _____ . 00 <input type="checkbox"/> No maximum</p> <p>(135) \$ _____ . 00 <input type="checkbox"/> No maximum</p> <p>(136) \$ _____ . 00 <input type="checkbox"/> No maximum</p> <p>(137) \$ _____ . 00 <input type="checkbox"/> No maximum</p> </p>
<p>d. How many residents have a job at the facility or elsewhere for which they receive pay? Do not include persons doing assigned work for treatment or therapy.</p>	<p>(138) _____ Residents <input type="checkbox"/> None</p>
<p>e. Are the residents expected to pay for anything out of their pocket money or earnings such as clothes, entertainment, and so forth? (Mark (X) all that apply)</p>	<p>(139) <input type="checkbox"/> Yes - What? * <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Personal expenses <input type="checkbox"/> Other - Specify _____ 6 <input type="checkbox"/> No</p>

That's all the questions I have for you now.

I have a statement of authorization I would like you to sign which will notify your staff members that I have your permission to interview them and to work with some residents' records for the purposes of this survey.

THANK RESPONDENT FOR COOPERATION.

NOTES

ADMINISTRATOR AUTHORIZATION FORM

FROM: Administrator

TO: Authorized Staff Members

SUBJECT: Bureau of the Census Access to Facility Records and Personnel

Authority is hereby given to _____, of the
(*Name of interviewer*)
Bureau of the Census, to have access to the following facility records, residents and/or
staff members for the purposes of the Survey of Institutionalized Persons:

Mark (X) all authorized:

- Patient Register
- Administrative Records
- Sample Residents
- Staff members providing care or supervision to sample residents
- Next of kin information

I have been informed that all information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of this survey, and will not be disclosed or released to others for any purpose.

Signature of Administrator _____ Date _____

Name of facility _____

NOTICE - Your report will be held in strict confidence and will be seen only by sworn Census employees and may be used only for statistical purposes.

FORM SIP-2
(10-1-75)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE

RESIDENT QUESTIONNAIRE

SURVEY OF INSTITUTIONALIZED PERSONS

Interviewer name _____ Code _____

I. TRANSCRIBE FROM RECORDS

a. Name of resident	b. Race
	(001) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Other

c. Date of birth (Mo., day, yr.)	d. Sex
(002)	(003) 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female

e. Marital status	f. Religion
(004) 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	(005) 1 <input type="checkbox"/> Protestant 5 <input type="checkbox"/> None 2 <input type="checkbox"/> Jewish 8 <input type="checkbox"/> Don't know 3 <input type="checkbox"/> Catholic 4 <input type="checkbox"/> Other _____

g. Circle the highest grade or year completed in school
(006) 0 <input type="checkbox"/> Never attended regular school
Elementary 1 2 3 4 5 6 7 8
High school 9 10 11 12
College 21 22 23 24 25 26+

Which degree(s) did he/she receive?
(007) * 1 <input type="checkbox"/> Associate 4 <input type="checkbox"/> Doctorate (M.D., Ph. D., LL.B.) 2 <input type="checkbox"/> Bachelors 5 <input type="checkbox"/> Other 3 <input type="checkbox"/> Masters 6 <input type="checkbox"/> None

h. Father's full name (Last, first, middle)

i. Mother's full name (Last, first, middle)

j. 1 <input type="checkbox"/> Family member to be notified 2 <input type="checkbox"/> No family or next of kin on record

(1) Name (Last, first, middle)	Relationship
--------------------------------	--------------

Address (Number and street)		
-----------------------------	--	--

City	State	ZIP code
------	-------	----------

Telephone (Area code, number, extension)		
--	--	--

(2) Name (Last, first, middle)	Relationship
--------------------------------	--------------

Address (Number and street)		
-----------------------------	--	--

City	State	ZIP code
------	-------	----------

Telephone (Area code, number, extension)		
--	--	--

II. DESCRIPTION OF INTERVIEW

(Mark (X) appropriate category for each section)

Section A - ADMINISTRATIVE

(009) 1 Transcribed from records2 Facility employee interviewed

Name (Last, first, middle)

Position

3 Other - Specify

Information obtained in section A	Month	Day	Year	Time
				a.m. p.m.

Section B - STAFF MEMBER

(010) 4 Interview completed

Name (Last, first, middle)

Position

5 Permission to interview staff member denied6 Other - Explain

Information obtained in section B	Month	Day	Year	Time
				a.m. p.m.

Section C - RESIDENT

(011) 7 Interview completed8 Permission to interview resident denied9 Resident under 140 Other - Explain

Information obtained in section C	Month	Day	Year	Time
				a.m. p.m.

Section A - ADMINISTRATIVE

↓ ~ PGM 2

I have several questions about (Name of resident). Let me assure you that the information you provide is confidential and will not be seen by any other persons. The survey data will be used for statistical summaries and no facility or person will be identifiable.

1a. When was . . . admitted to this facility for this stay?	Month 012	Day	Year 19 _____																								
b. Was . . . admitted as a result of court action?	<p>(013) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know</p>																										
c. Is . . . in custody of the court at this time?	<p>(014) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know</p>																										
2. Has . . . previously been a resident at this facility?	<p>(015) 1. <input type="checkbox"/> Yes - On what dates was he/she admitted and discharged? (Include all other stays)</p> <table border="1"> <thead> <tr> <th colspan="2">Admitted</th> <th colspan="2">Discharged</th> </tr> <tr> <th>Month</th> <th>Year</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>016</td> <td>19</td> <td>19</td> <td>19</td> </tr> <tr> <td>017</td> <td>19</td> <td>19</td> <td>19</td> </tr> <tr> <td>018</td> <td>19</td> <td>19</td> <td>19</td> </tr> <tr> <td>019</td> <td>19</td> <td>19</td> <td>19</td> </tr> </tbody> </table> <p>(015) 2 <input type="checkbox"/> No</p>			Admitted		Discharged		Month	Year	Month	Year	016	19	19	19	017	19	19	19	018	19	19	19	019	19	19	19
Admitted		Discharged																									
Month	Year	Month	Year																								
016	19	19	19																								
017	19	19	19																								
018	19	19	19																								
019	19	19	19																								
3a. What was the primary reason for . . .'s admission to this facility? (Mark (X) only one)	<p>(020) 1 <input type="checkbox"/> Medical - Needed medical or nursing care - Specify diagnosis ↓</p> <p>(021) <input type="checkbox"/> <input type="checkbox"/> - SKIP to 4a</p> <p>(020) 2 <input type="checkbox"/> Economic - No money or resources to keep the person at home</p> <p>3 <input type="checkbox"/> Legal - Person was committed or assigned to this facility - Specify reason ↓</p> <p>(021) <input type="checkbox"/> <input type="checkbox"/></p> <p>(020) 4 <input type="checkbox"/> Family - Unable to care for person</p> <p>5 <input type="checkbox"/> Other reason - Specify ↓</p> <p>(021) <input type="checkbox"/> <input type="checkbox"/></p> <p>(020) 8 <input type="checkbox"/> Don't know</p>																										
b. Is . . . receiving care or treatment for a physical or mental condition at this facility?	<p>(022) 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to 4a</p>																										
c. What condition is this?	<p>(023) <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p>																										

<p>4a. Have any arrangements been made for . . . 's permanent release or discharge within the next 12 months?</p>	<p>(024) 1 <input type="checkbox"/> Yes, within 6 months 2 <input type="checkbox"/> Yes, within 6-12 months 3 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know } SKIP to 5a</p>
<p>b. Where will . . . live after leaving this facility - in a private home, another facility or what?</p>	<p>(025) 1 <input type="checkbox"/> No arrangements at this time 2 <input type="checkbox"/> Long-term speciality hospital 3 <input type="checkbox"/> Nursing home or related facility 4 <input type="checkbox"/> Boarding home providing supervision of residents 5 <input type="checkbox"/> Private apartment or house 6 <input type="checkbox"/> Foster care home 7 <input type="checkbox"/> Halfway house or community/group residential setting 9 <input type="checkbox"/> Other place - Specify <u> </u> 8 <input type="checkbox"/> Don't know</p>
<p>5a. What is the total cost per month to this facility for . . . 's care?</p>	<p>(026) \$ <u> </u> . <u>00</u></p>
<p>b. How much is actually received for . . . 's care each month from all sources, including fees paid by the family, Medicare, Medicaid, and so forth?</p>	<p>(027) \$ <u> </u> . <u>00</u> - SKIP to 5d <input checked="" type="checkbox"/> Paid for life care at time of admission to facility</p>
<p>c. How much did . . . pay for the life care he will receive?</p>	<p>(028) \$ <u> </u> . <u>00</u></p>
<p>d. Does this include any funds for . . . 's personal use or pocket money?</p>	<p>(029) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6a</p>
<p>e. How much per month does . . . receive for his own use?</p>	<p>(030) \$ <u> </u> . <u>00</u></p>
<p>Notes</p>	

6a. Which of the following sources contribute to this resident's support at this facility? (Ask 6b for each item marked "Yes")

(1) Insurance plan or annuity held by resident

(2) Private retirement plan from employer and/or union

(3) Resident's family

(4) Government programs such as -

(a) Medicaid (Title XIX)

(b) Other public assistance payments

(c) Medicare (Title XVIII)

(d) Supplemental Security Income

(e) Social Security benefits

(f) Veterans Administration benefits

(g) Vocational rehabilitation funds

(h) Crippled Children Services

(i) Funds from any other government programs -
Specify →

(5) Support from a church or other religious organization

(6) Any other source? - Specify → (Enter total at right)

6b. How much was received from this source last month?

(031) 1 Yes →
2 No ↓

(032) \$ _____ . 00

(033) 1 Yes →
2 No ↓

(034) \$ _____ . 00

(035) 1 Yes →
2 No ↓

(036) \$ _____ . 00

(037) 1 Yes →
2 No ↓

(038) \$ _____ . 00

(039) 1 Yes →
2 No ↓

(040) \$ _____ . 00

(041) 1 Yes →
2 No ↓

(042) \$ _____ . 00

(043) 1 Yes →
2 No ↓

(044) \$ _____ . 00

(045) 1 Yes →
2 No ↓

(046) \$ _____ . 00

(047) 1 Yes →
2 No ↓

(048) \$ _____ . 00

(049) 1 Yes →
2 No ↓

(050) \$ _____ . 00

(051) 1 Yes →
2 No ↓

(052) \$ _____ . 00

(053)

(054) 1 Yes →
2 No ↓

(055) \$ _____ . 00

(056) \$ _____ . 00

(057) 1 Yes →
2 No ↓

(058) \$ _____ . 00

(059) 1 Yes →
2 No ↓

(060) \$ _____ . 00

<p>7a. Has anyone been designated as financial administrator for any funds or income received by this resident?</p>	<p>(061) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know</p> <p>SKIP to 7d</p>
<p>b. Has any official of this facility (institution) been given power-of-attorney over any funds or income received by this resident?</p>	<p>(062) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7d</p>
<p>c. What position or title does this person hold at this facility?</p>	<p>(063) <input type="checkbox"/></p> <p>SKIP to section B</p>
<p>d. Who is responsible for handling . . . 's financial matters? (Mark (X) only one)</p>	<p>(064) 1 <input type="checkbox"/> Resident 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Parent 4 <input type="checkbox"/> Brother or sister 5 <input type="checkbox"/> Adult son or daughter 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Friend 8 <input type="checkbox"/> Guardian 9 <input type="checkbox"/> Social agency 10 <input type="checkbox"/> Other – Specify <input type="text"/></p> <p>88 <input type="checkbox"/> Don't know</p>
<p>Notes</p>	<p>(065)</p> <p>(066)</p> <p>(067)</p>

Section B – STAFF MEMBER INTERVIEW

INTERVIEWER – This section should be answered by a staff member (aide, nurse, doctor, teacher) who has frequent contact with the designated resident.

This survey concerns persons residing in long-term care facilities and schools – the services they receive, the reason for their residence in the facility, and so forth. A sample of residents has been selected in this facility.

I have several questions about (name of resident) – his/her physical condition, the services he/she is receiving while a patient here, and so forth. Let me assure you that this information is confidential and will not be seen by the resident or any other person at the facility. The data will be used to prepare statistical summaries and no person or facility will be identifiable.

↓ ~ PGM 3

<p>8a. Compared to other persons here does . . . have trouble with – (Ask 8b if "Yes" marked in 8a)</p> <p>(1) His/her vision?</p> <p>(2) His/her hearing?</p> <p>(3) His/her speech?</p> <p>(4) His/her walking?</p>	<p>8b. Does he/she have some difficulty, great difficulty, or is he/she totally unable to (see, hear, speak, walk)?</p> <table border="1"> <thead> <tr> <th>Some difficulty</th> <th>Great difficulty</th> <th>Unable</th> </tr> </thead> <tbody> <tr> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> </tbody> </table>				Some difficulty	Great difficulty	Unable	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Some difficulty	Great difficulty	Unable																
	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																
	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																
	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																
3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>																	
<p>9a. Does this person ever need help with personal care such as dressing, eating, bathing, or other daily activities?</p> <p>072 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10</p>																			
<p>b. How often does . . . need assistance with –</p> <p>(1) Getting in or out of bed?</p> <p>(2) Eating?</p> <p>(3) Drinking?</p> <p>(4) Bathing?</p> <p>(5) Dressing?</p> <p>(6) Walking or getting about?</p> <p>(7) Use of toilet or bedpan?</p>	Never	Occasionally	Regularly	Totally dependent on help															
	073 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
	074 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
	075 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
	076 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
	077 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
	078 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>															
<p>c. Does he/she control urination and bowel movements completely?</p> <p>080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																			

SHOW FLASHCARD 5

10. For each of the activities listed, please tell me which category best describes this person.

a. Sense of direction

(081) 1 Can leave facility grounds or home without getting lost
 2 Can go around facility grounds or vicinity of home without getting lost
 3 Goes around building or home alone
 4 Gets lost whenever leaves own room or ward
 5 Other - Specify ↓

b. Handles money

(082) 6 Residents have no occasion to handle money while at facility
 7 Able to handle money, make proper change at facility or on shopping trips
 8 Cannot use money or make proper change at facility or on shopping trips
 9 Other - Specify ↓

c. Writing

(083) 1 Never has occasion to write while at facility
 2 Writes logical letters and notes, corresponds with others
 3 Can only print individual words such as name
 4 Other - Specify ↓

d. Reading

(084) 5 Books, magazines, etc., are not available to residents
 6 Reads books, magazines, newspapers regularly
 7 Reads books, magazines, newspapers occasionally
 8 Doesn't read but knows how
 9 Doesn't know how to read

e. Cleans room

(085) 1 Residents not expected to clean room/ward
 2 Cleans room/ward well - able to straighten bed
 3 Attempts to clean room/ward, but not well done
 4 Does not attempt to clean room/ward

f. Personal belongings

(086) 5 Has no personal belongings at facility
 6 Always takes care of personal belongings
 7 Occasionally takes care of personal belongings
 8 Does not take care of personal belongings

g. Participation in group activities

(087) 1 No group activities available at facility
 2 Initiates or leads in group activities
 3 Is active participant in group activities
 4 Will only participate when encouraged
 5 Does not participate in group activities

11. Does . . . use any of the following aids regularly?	
(1) Eye glasses	(088) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Cane (including tripod-tip)	(089) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Walker or crutches	(090) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Wheelchair	(091) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Leg brace	(092) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Back brace	(093) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Artificial limb	(094) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Hearing Aid	(095) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Dentures	(096) 1 <input type="checkbox"/> Yes – Are they full or partial dentures? * 2 <input type="checkbox"/> Full 3 <input type="checkbox"/> Partial 4 <input type="checkbox"/> No
(10) Colostomy equipment	(097) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Catheter equipment	(098) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Kidney dialysis machine	(099) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13) Any other aids	(100) 1 <input type="checkbox"/> Yes – Specify _____ 2 <input type="checkbox"/> No
12a. Does . . . have access to the grounds of the facility?	(101) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 13a
b. Is supervision generally required for . . . when he is on the grounds of the facility? Exclude organized group activities.	(102) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. How frequently does . . . use the grounds?	(103) 1 <input type="checkbox"/> At least once a day 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> Less than once a week

13a. Does . . . stay in bed all or most of the day?	(104) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 13d					
b. Does . . . sit in a chair once or twice a day or more?	(105) 1 <input type="checkbox"/> Yes – SKIP to 14a 2 <input type="checkbox"/> No					
c. Does he/she sit up in bed?	(106) 1 <input type="checkbox"/> Yes } SKIP to 14a 2 <input type="checkbox"/> No					
d. Does . . . stay in his/her room or ward all or most of the day?	(107) 1 <input type="checkbox"/> Yes – SKIP to 14a 2 <input type="checkbox"/> No					
e. Is he/she permitted to leave the premises of this facility?	(108) 1 <input type="checkbox"/> Yes – Alone? * 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 4 <input type="checkbox"/> No					
SHOW FLASHCARD 3						
14a. In which of these recreational or leisure activities did . . . participate last month? (Mark (X) as many as apply) After activities are checked, ask 14b and 14c for each marked activity.	b. How often did he/she (read activity marked in 14a)?	c. Did he/she (read activity marked in 14a) on the facility premises?				
(1) Go shopping	Daily	At least once a week	At least once a month	Less than once a month	Yes	No
(109) 1 <input type="checkbox"/> *	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(2) Go to beauty or barber shop	(110) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(3) Go swimming, bowling, dancing	(111) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(4) Participate in competitive sports	(112) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(5) Play cards, bingo, or other games	(113) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(6) Attend get-togethers, parties, group conversation	(114) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(7) Attend plays, movies, concerts	(115) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(8) Attend religious services or church-related activities	(116) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(9) Attend sporting activities	(117) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(10) Attend arts and crafts classes or workshops	(118) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(11) Attend classes, lectures, exhibits, fairs	(119) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(12) Attend meetings of clubs, committees, and councils	(120) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(13) Perform work/service for pay or as volunteer	(121) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(14) Read books, papers, magazines	(122) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(15) Watch television	(123) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(16) Write letters or make phone calls	(124) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(17) None of these – SKIP to 15	(125) 0 <input type="checkbox"/> None of the above					
d. Does . . . generally participate in these activities with the other residents in this ward (cottage)?	(126) 1 <input type="checkbox"/> Yes } SKIP to 16a 2 <input type="checkbox"/> No					

15. Which of these reasons best describes why . . . does not participate in most recreational or leisure activities?

(Mark (X) only one)

(127) 1 Resident too ill
 2 Resident not interested
 3 No one to accompany resident
 4 Resident can't afford activities
 5 Lack of transportation
 6 Other reason - Specify

16a. Does . . . regularly need the services provided by a -

(Ask 16b for each item marked "Yes" before reading next category in 16a)

(1) Physician

(128) 1 Yes →
 * 2 No

16b. How often does he/she actually receive these services?

	At least once a week	At least once a month	Less than once a month	Never
(128) 1 <input type="checkbox"/> Yes → <input type="text"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
* 2 <input type="checkbox"/> No				

(2) Dentist

(129) 1 Yes →
 * 2 No

(3) Registered nurse

(130) 1 Yes →
 * 2 No

(4) LPN or vocational nurse

(131) 1 Yes →
 * 2 No

(5) Nurses aide, orderlies

(132) 1 Yes →
 * 2 No

(6) Psychologists

(133) 1 Yes →
 * 2 No

(7) Psychiatrists

(134) 1 Yes →
 * 2 No

(8) Psychiatric aides

(135) 1 Yes →
 * 2 No

(9) Interns or medical residents

(136) 1 Yes →
 * 2 No

(10) Social workers

(137) 1 Yes →
 * 2 No

(11) Occupational therapists

(138) 1 Yes →
 * 2 No

(12) Physical therapists

(139) 1 Yes →
 * 2 No

(13) Speech therapists or audiologists

(140) 1 Yes →
 * 2 No

(14) Recreation therapists

(141) 1 Yes →
 * 2 No

(15) Elementary or secondary school teachers

(142) 1 Yes →
 * 2 No

(16) Classroom or teachers aides

(143) 1 Yes →
 * 2 No

(17) Other professionals - Specify

(144) 1 Yes →
 * 2 No

17a. Does . . . ever have any visitors?

(145) 1 Yes
 2 No
 3 Don't know } SKIP to 18a

b. How frequently does he/she have visitors?

(Mark (X) only one)

(146) 1 Nearly every week
 2 Monthly
 3 Several times a year
 4 Once a year or less
 5 Other - Specify →

8 Don't know

c. Who visits him/her the most frequently?

(Mark (X) only one)

(147) 1 Relative
 2 Friend, neighbor, or personal lawyer
 3 Court appointed guardian
 4 Minister, priest, rabbi, or other church-associated visitor
 5 Other - Specify _____
 8 Don't know

18a. In the past 12 months has . . . been on any kind of leave from this facility for overnight or longer, excluding overnight stays in the hospital?

(148) 1 Yes
 2 No
 3 Don't know } SKIP to Check Item A

b. About how often does he/she go on leave?

(Mark (X) only one)

(149) 1 Nearly every week
 2 Monthly
 3 Several times a year
 4 Once a year or less
 5 Other - Specify _____
 8 Don't know

c. Where does he/she usually go when on leave?

(Mark (X) only one)

(150) 1 Own home or apartment
 2 Home of family or relatives
 3 Home of unrelated friends
 4 Home of staff member
 5 Foster home
 6 Boarding house or room
 7 Other - Specify →

8 Don't knowCHECK
ITEM AResident's ward
is located -

(151) 1 In separate cottage
 2 On floor of building
 3 In wing of building

19a. Is there a separate dining area in this ward (cottage)?	(152) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Does this ward (cottage) have its own lounge or indoor recreational area?	(153) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. How many bathrooms does this ward (cottage) have?	(154) _____ Number
d. How many of these bathrooms have equipment for wheelchair patients?	(155) _____ Number
e. How many beds does this ward (cottage) have? Include all beds maintained for regular use by residents; exclude beds used for emergencies, solely day care or night care, as well as beds used by staff members.	(156) _____ Number
f. How many separate sleeping areas does this ward (cottage) have?	(157) _____ Number
20a. How many staff members work exclusively in this ward (cottage) during the day?	(158) _____ Number
b. Are separate sleeping quarters for the staff located in this ward (cottage)?	(159) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
21a. How many residents are currently living in this ward (cottage)?	(160) _____ Number
b. How many beds are in the room where . . . sleeps in this facility?	(161) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or 4 4 <input type="checkbox"/> 5 to 9 5 <input type="checkbox"/> 10 or more
c. How many other persons use the same bathroom facilities as . . .?	(162) 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 or 4 4 <input type="checkbox"/> 5 to 9 5 <input type="checkbox"/> 10 or more 6 <input type="checkbox"/> None
22. How long have you known or worked with . . .?	(163) 1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1-3 months 3 <input type="checkbox"/> 4-6 months 4 <input type="checkbox"/> 7-11 months 5 <input type="checkbox"/> 12-17 months 6 <input type="checkbox"/> 18 months or more

THANK RESPONDENT FOR HIS COOPERATION

Notes

Section C – RESIDENT INTERVIEW

The Bureau of the Census is conducting a survey on long-term care facilities and schools for the U.S. Department of Health, Education, and Welfare. The purpose of the survey is to obtain information on the characteristics of persons staying at residential care facilities and schools and the types of services they are receiving. A random sample of the residents at this facility has been chosen and your name was selected.

I would like to ask you a few questions at this time and your cooperation will be greatly appreciated. This is a voluntary survey and there are no penalties for refusing to answer any questions. The information you provide will be held in strict confidence; no one will see your answers except employees of the Bureau of the Census who are working on the survey. The data obtained from this survey will be used only for statistical summaries on which no facility or person will be identifiable.

HAND SIP-2-L1 TO RESPONDENT

SCREEN

	Last	First	Middle	
23a. What is your full name?				
b. What is your date of birth?	Month	Day	Year	
c. How old were you on your last birthday?	Age			
d. What is your father's full name?	Last	First	Middle	
e. What is your mother's full name?	Last	First	Maiden	Middle
f. What is the highest grade or year of school you completed?	Grade or year			
CHECK ITEM B	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> $\downarrow \sim \text{ PGM 4}$ </div> <p>On the basis of the responses to questions 23d-f, do you think the sample person can continue the interview</p>			
	<p>(164) 1 <input type="checkbox"/> Respondent able to answer three or more questions correctly – Continue with question 24</p> <p>2 <input type="checkbox"/> Respondent not able to answer, end the interview and enter the reason for termination of the interview in the notes space below.</p>			

Notes

<p>Now, I would like to ask you some questions concerning your previous and present employment.</p> <p>24. Have you EVER worked for someone else for pay, been employed in your own business, or worked in a family business or farm?</p>		<p>(165) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>25a. What was your work status just before you came to live in this facility?</p>		<p>(166) 1 <input type="checkbox"/> Employed 2 <input type="checkbox"/> On official sick leave 3 <input type="checkbox"/> Retired 4 <input type="checkbox"/> Laid-off 5 <input type="checkbox"/> Unable to work due to disability 6 <input type="checkbox"/> Looking for work 7 <input type="checkbox"/> Student 8 <input type="checkbox"/> Keeping house 9 <input type="checkbox"/> Other – Specify</p> <p>SKIP to 26a</p>
<p>b. Was that full-time or part-time employment?</p>		<p>(167) 1 <input type="checkbox"/> Full time – SKIP to 26a 2 <input type="checkbox"/> Part time</p>
<p>c. Why did you work part time?</p>		<p>(168) 1 <input type="checkbox"/> Disability or impairment 2 <input type="checkbox"/> Other – Specify</p>
<p>26a. What is the name of the employer for whom you worked the longest? Refers only to job held prior to institutionalization.</p>		<p>Employer</p> <p><input type="checkbox"/> Never worked – SKIP to 27a</p>
<p>b. What kind of business or industry was that?</p>		<p>(169) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Ask if unclear</p> <p>c. Were you –</p>		<p>(170) 1 <input type="checkbox"/> An employee or a private company or individual? 2 <input type="checkbox"/> Federal Government employee? 3 <input type="checkbox"/> State or local government employee? 4 <input type="checkbox"/> Self employed? 5 <input type="checkbox"/> Working without pay in a family business or farm?</p>
<p>d. How long did you work at that job or business?</p>		<p>(171) 1 <input type="checkbox"/> One year or less 2 <input type="checkbox"/> More than one year but less than five years 3 <input type="checkbox"/> Five years or more</p>
<p>e. In what year did you last work at your usual occupation?</p>		<p>Year</p> <p>(172) 19 _____</p>
<p>f. What was your usual occupation?</p>		<p>(173) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>g. How much did you usually earn a year at this occupation?</p>		<p>(174) \$ _____ . 00</p> <p>8 <input type="checkbox"/> Don't know</p>

27a. Do you now have a job at this facility or at some other place?	(175) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 28a
b. What kind of work do you do?	(176) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Do you work for pay or without pay?	(177) 1 <input type="checkbox"/> With pay 2 <input type="checkbox"/> Without pay
d. How many hours per week do you usually work at this job?	(178) 5 <input type="checkbox"/> Less than 35 hours 6 <input type="checkbox"/> 35 hours or more
e. Do you work on the grounds of this facility or somewhere else?	(179) 7 <input type="checkbox"/> Facility 8 <input type="checkbox"/> Somewhere else
f. Is the place where you work a sheltered workshop, that is, a place which employs mostly persons with disabilities or other special problems?	(180) 1 <input type="checkbox"/> Yes — SKIP to 28a 2 <input type="checkbox"/> No
g. Are you participating in a work rehabilitation program?	(181) 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No
28a. Are you presently attending school?	(182) 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No — SKIP to 29a
b. Do you attend classes at the facility or somewhere else?	(183) 1 <input type="checkbox"/> At the facility 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
c. What year of school are you attending?	(184) 0 <input type="checkbox"/> Nonacademic classes (185) Elementary 1 2 3 4 5 6 7 8 High school 9 10 11 12 College 21 22 23 24 25 26+
29a. Are you now married, widowed, divorced or separated, or have you never been married?	(186) 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married } SKIP to 30a
b. Does your husband/wife live here also?	(187) 6 <input type="checkbox"/> Yes 7 <input type="checkbox"/> No

30a. Where did you live before coming here?
(Read list and mark (X) one)

(188) 1 Boarding home
2 Private apartment or house
3 Foster care home
4 Other private or public residence
Specify

5 General or short-stay hospital
6 Nursing home or related facility
7 Long term specialty hospital
8 Don't know

SKIP to 31a

b. How were you related to the persons with whom you lived?

(Mark (X) all that apply)

(189) 11 Spouse
* 12 Children
13 Parents
14 Brothers/sisters
15 Other relatives
16 Foster family
17 Unrelated persons
18 Lived alone
88 Don't know

31a. Who are the people you have kept in touch with by telephone, mail, or visits since you've been living here?

(Read list and mark (X) all that apply)

Ask 31b and c for each marked category before continuing.

b. How do you contact your . . .
(read items marked in 31a) –
by telephone, mail, or
personal visit?
(Mark (X) all that apply)

Ask for each item marked
"personal visit" in 31b
c. How often does your . . .
visit you personally?

	Telephone	Mail	Personal visit	Weekly	Monthly	Occasionally (less than monthly)
Parents	<input type="checkbox"/>	(190)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Brothers/sisters	<input type="checkbox"/>	(191)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Spouse	<input type="checkbox"/>	(192)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Children	<input type="checkbox"/>	(193)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Grandparents	<input type="checkbox"/>	(194)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Grandchildren	<input type="checkbox"/>	(195)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Aunts/uncles	<input type="checkbox"/>	(196)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Cousins	<input type="checkbox"/>	(197)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Neighbors	<input type="checkbox"/>	(198)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Friends from work	<input type="checkbox"/>	(199)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Friends from church	<input type="checkbox"/>	(200)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other friends	<input type="checkbox"/>	(201)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other – Specify <input type="text"/>	<input type="checkbox"/>	(202)* 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
No one	(203) o <input type="checkbox"/>	No one				

32a. Since you have been living here, have you been on leave from this facility overnight to visit friends, relatives, or someone else?

(204) 1 Yes

2 No – SKIP to 33

b. How often do you go on leave?

(205) 3 Nearly every week

4 Monthly

5 Several times yearly

6 Once a year or less frequently

7 Other – Specify

8 Don't know

c. Where do you usually go when you are on leave from this facility?

(Mark (X) one box)

(206) 1 To own home or apartment (spouse or parents)

2 To home of other family member or relatives

3 To home of unrelated friends

4 To foster home

5 To boarding house or room

6 Other place – Specify

33. How often do you leave here to visit your family or friends for a weekend, holiday, or to go on shopping trips or outings? Do not include overnight visits.

(207) 1 Weekly

2 1–3 times a month

3 Less than once a month

4 Not at all

34. How many times during the last week did you visit, sociolize, or participate in activities with other residents of this facility?

(208) 1 Daily

2 2–6 times (a few)

3 Once

4 Not at all

35. Do you have enough to do here to keep you busy?

(209) 1 Yes

* 2 No – Are you often bored?

3 Yes

4 No

Notes

36. How do you feel about each of the following facility characteristics?

Do you like or dislike the -

a. Buildings and grounds?

	Like	Dislike	Don't know
(210)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

b. Lodging, accomodations?

(211)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
-------	----------------------------	----------------------------	----------------------------

c. Meals and food service?

(212)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
-------	----------------------------	----------------------------	----------------------------

d. Treatment services such as medical, nursing, and rehabilitation?

(213)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
-------	----------------------------	----------------------------	----------------------------

e. Members of the staff, excluding the treatment program itself?

(214)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
-------	----------------------------	----------------------------	----------------------------

f. Social activities or things available for you to do?

(215)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
-------	----------------------------	----------------------------	----------------------------

g. Relationships you have with other residents in this facility?

(216)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
-------	----------------------------	----------------------------	----------------------------

h. Relationships with your family and friends not in this facility?

(217)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
-------	----------------------------	----------------------------	----------------------------

1. How many other persons were in the respondent's room during this interview?

(218)	0 <input type="checkbox"/>	None
-------	----------------------------	------

(219)	Other residents
-------	-----------------

(220)	Staff members
-------	---------------

(221)	Other persons
-------	---------------

2. Did they help respond?

(222)	1 <input type="checkbox"/>	Yes
-------	----------------------------	-----

2 <input type="checkbox"/>	No
----------------------------	----

3 <input type="checkbox"/>	Interpreted questions only
----------------------------	----------------------------

We would like to talk to a member of your family. I have a statement of authorization which I will read to you and would like you to sign. Remember that the information provided by you will not be seen by anyone; including staff members here or persons in your family. Read statement of authorization on page 20 and ask resident to sign.

NOTES

(223)
(224)
(225)

Authority is hereby given to the Bureau of the Census to contact my family for the purposes of the Survey of Institutionalized Persons. I have been informed that this is a voluntary survey and there are no penalties for refusing to participate. I understand that all information which would permit my identification will be held in strict confidence and that the data will be used only for statistical summaries.

Signature of resident _____

Date _____

1a. Does . . . still reside in this facility?	(005) 1 <input type="checkbox"/> Yes – SKIP to 2a 2 <input type="checkbox"/> No
b. Was he discharged or has he been transferred to another facility?	(006) 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Transferred 5 <input type="checkbox"/> Died 6 <input type="checkbox"/> Other – Specify _____
c. When did this happen?	(007) _____ Month (008) 19 _____ Year
2a. What is the highest grade or year of regular school . . . ever completed? (Circle highest grade/year completed)	(009) 0 <input type="checkbox"/> Never attended regular school Elem 1 2 3 4 5 6 7 8 } SKIP to 3a High 9 10 11 12 College 21 22 23 24 25 26+
b. Did . . . receive a college degree?	(010) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a
c. What degree(s) did he receive? (Mark (X) all that apply)	(011) 3 <input type="checkbox"/> Associate * 4 <input type="checkbox"/> Bachelor's 5 <input type="checkbox"/> Master's or Professional (M.D., LL.B., etc.) 6 <input type="checkbox"/> Doctorate (PH. D.)
3a. Immediately prior to his (most recent) admission to (name of facility) what was . . . doing – working, going to school, or something else? If ill probe for major activity before illness.	(012) 1 <input type="checkbox"/> Working 2 <input type="checkbox"/> Looking for work 3 <input type="checkbox"/> Retired 4 <input type="checkbox"/> Going to school 5 <input type="checkbox"/> Keeping house 6 <input type="checkbox"/> Unable to work 7 <input type="checkbox"/> Other – Specify _____
b. When did . . . last work at a full-time job lasting 2 consecutive weeks or more?	(013) 197 _____ Year (014) 1 <input type="checkbox"/> Before 1970 2 <input type="checkbox"/> Never worked at full-time job for 2+ weeks 3 <input type="checkbox"/> Never worked } SKIP to 5a
4a. For whom did . . . work?	Employer _____
b. What kind of business or industry is this?	(015) _____
c. What kind of work was . . . doing?	(016) _____
d. What were his most important activities or duties?	Most important duties _____

4e. Was he -

(017) 1 An employee of a **PRIVATE** company, business or individual for wages, salary or commission?
 2 A **FEDERAL** government employee?
 3 A **STATE** government employee?
 4 A **LOCAL** government employee?
 5 Self employed in **OWN** business, professional practice or form?
 If not a farm, ASK -
 Is the business incorporated?
 (018) 6 Yes
 7 No
 9 Working **WITHOUT PAY** in family business or farm?

f. How much did . . . usually earn at this job before deductions?

(019) \$ _____ . 00 per
 (020) 1 Week
 2 Month
 3 Year

5a. Did . . . reside with you prior to his (most recent) admission to (name of facility)?

(021) 4 Yes
 5 No - SKIP to 5d

b. Has . . . 's condition EVER caused any strain on this family's relationships, such as conflicts between family members?

(022) 1 Yes
 2 No - SKIP to 5e

c. Was this before or after . . . entered (name of facility)?

(023) 3 Before
 4 After
 5 Both before and after } SKIP to 5e

d. Where did he live just before his admission?
(Read) →

(024) 1 In other health care facility - Probe for residence prior to that stay and mark appropriate category below:
 (025) 2 In a private home or apartment
 3 In a boarding home
 4 In a foster care home
 5 In a halfway house or community/group residential setting
 6 Other place - Specify
 8 Don't know } SKIP to 6

e. How was . . . related to the persons with whom he lived?

(Mark (X) all that apply)

(026) 1 Spouse
 * 2 Parents
 3 Children
 4 Brothers/sisters
 5 Other relatives
 6 Friends

f. Altogether, how many persons lived in this household at the time he entered the facility?

(027) _____ Number of persons

g. How many persons are now living in this household?

(028) _____ Number of persons

6. Sometimes the availability of certain services in the community would enable a person to continue living in his residence rather than being institutionalized. Which of the following services, if any, would have enabled . . . to continue living where he was?

(Read) →

Now I have some questions about (name of facility) and the care . . . has received there. (Refer to question 1a - if 'No' read: Even though he is no longer a resident at this facility, we would like to obtain some information about this stay.)

7. What was the primary reason for . . .'s admission to this facility?

(029) 1 Food delivery service, such as Meals-On-Wheels
 2 Housekeeping/shopping errands
 3 Home health assistance, such as nursing or physical therapy
 4 Day care assistance
 5 Transportation
 6 Any other services
 7 None

(030) 1 Medical - needed medical or nursing care - What was the specific medical condition? ↗

(031)

(030) 2 Economic - no money or resources to care for person at home
 3 Legal - person was committed or assigned to facility
 4 Family - unable to care for person
 5 Other - Specify _____
 6 Don't know

8a. Were you involved in the decision as to whether or not . . . should be institutionalized?

(032) 1 Yes
 2 No

b. Did . . . admit himself to this facility?

(033) 3 Resident admitted self - SKIP to 9a
 4 Admitted by parent or spouse
 5 Admitted by other relative, friend or guardian
 6 Admitted by public authority (e.g. Welfare)
 7 Committed by court order
 9 Other - Specify _____

c. What is the legal status of . . .? (Read) →

(034) 1 Under parental or spouse's control
 2 Under guardianship of the state or the institution
 3 Under guardianship of other person outside the institution
 4 Under custody by court order but competent
 5 Declared incompetent by court
 6 Legally competent
 7 Other - Specify _____

Notes

9a. At the time admission to an institution was being considered for . . ., were any other care arrangements or facilities also investigated?

(035) 1 Yes

2 No

SHOW FLASHCARD 6

b. Which of these reasons explain why this particular institution was chosen?
(Mark (X) all that apply)

(036) 1 Location – near home of resident

* 2 Location – near home of relative

3 Level and type of treatment provided

4 Able to get care without charge or at reduced cost

5 Only place providing required treatment or care

6 Assigned by the court

7 Admitted by staff or personal physician

8 Recommended by family, friends, or a former patient

9 Recommended by doctor, agency, or court

0 Other – Specify _____

If more than one reason marked in 9b, ASK 9c; otherwise SKIP to 9d

Reason

(037) _____

c. What is the most important reason?

d. How did you and . . . find out about this facility?
(Mark (X) only one)

(038) 1 Self

2 Physician or psychiatrist

3 Hospital

4 Media (T.V., radio, newspaper, etc.)

5 Welfare agency or association for the handicapped

6 School, professional counselor, or minister

7 Court or judge

9 Other – Specify _____

10a. Were there any eligibility or admission standards which had to be met in order for . . . to be admitted to this facility?

(039) 1 Yes – What were they?

(040) _____

(039) 2 No

b. When application was being made for this person to enter this facility, was there a need for help from someone who knows how to make such applications?

(041) 3 Yes

4 No – SKIP to 11a

c. What kind of help was required?

Kind

(042) _____

11a. Has . . . been a resident or patient in any other long-stay or group-care facility or had any other stays at this facility?

(043) 1 Yes

2 No

8 Don't know } SKIP to 13a

b. In how many different facilities has . . . resided? Include (name of facility).

(044) _____ Number

c. What is the total length of time that . . . has spent in long-term institutions or facilities?

(045) _____ Years

0 Less than one year

	First	Second	Third			
12a. What is the name of the first (second, etc.) facility at which . . . was a resident or patient?						
	(046) <input type="text"/> <input type="text"/> <input type="text"/>	(047) <input type="text"/> <input type="text"/> <input type="text"/>	(048) <input type="text"/> <input type="text"/> <input type="text"/>			
b. What kind of facility is this?						
	(049) Month	Year	(050) Month	Year	(051) Month	Year
c. When was he admitted for this stay?		19		19		19
d. When was he discharged? (Re-ask 12a-d)	(052) Month	Year	(053) Month	Year	(054) Month	Year
		19		19		19
13a. What forms of discharge are available to . . . ? (Mark (X) all that apply)	(055) 1 <input type="checkbox"/> Permanent * 2 <input type="checkbox"/> Temporary – with specific time limit 3 <input type="checkbox"/> Conditional 4 <input type="checkbox"/> Other – Specify _____					
b. Who can initiate a petition for discharge for him? (Mark (X) all that apply)	(056) 1 <input type="checkbox"/> Spouse * 2 <input type="checkbox"/> The resident himself 3 <input type="checkbox"/> The person responsible for admission 4 <input type="checkbox"/> Parent or guardian 5 <input type="checkbox"/> Superintendent or facility administrator 6 <input type="checkbox"/> Other – Specify _____					
c. Who has the authority to make the final decision on permanent discharge of this resident? (Mark (X) all that apply)	(057) 1 <input type="checkbox"/> The court * 2 <input type="checkbox"/> The facility administrator, superintendent 3 <input type="checkbox"/> Other person such as a family member 4 <input type="checkbox"/> Other authority outside the facility 5 <input type="checkbox"/> The resident himself					
14a. Do you expect . . . to be discharged or released from this facility?	(058) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP 3 <input type="checkbox"/> Don't know } to 15a					
b. When?	(059) 1 <input type="checkbox"/> Within 6 months 2 <input type="checkbox"/> 6 months to 1 year 3 <input type="checkbox"/> 1 year or more } SKIP 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Don't know } to 15a					
c. Where would . . . live after discharge? (Read) →	(060) 1 <input type="checkbox"/> In a private apartment or house 2 <input type="checkbox"/> In a foster care home 3 <input type="checkbox"/> In a halfway house or community group residential setting 4 <input type="checkbox"/> In a boarding home 5 <input type="checkbox"/> In a nursing home or related facility 6 <input type="checkbox"/> In a long-term specialty hospital 7 <input type="checkbox"/> No arrangements at this time 8 <input type="checkbox"/> Other place – Specify _____ 9 <input type="checkbox"/> Don't know					

14d. Who would . . . live with? (Mark (X) all that apply)	(061) * 1 <input type="checkbox"/> Alone 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Children 4 <input type="checkbox"/> Parents 5 <input type="checkbox"/> Brothers/sisters 6 <input type="checkbox"/> Other relatives 7 <input type="checkbox"/> Foster family 9 <input type="checkbox"/> Unrelated persons 8 <input type="checkbox"/> Don't know
15a. Does the facility conduct a periodic review of . . . 's suitability for continued residence?	(062) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know } SKIP to 16a
b. Are you given official notification of the review by the institution?	(063) 1 <input type="checkbox"/> Yes – SKIP to 15d 2 <input type="checkbox"/> No
c. Is anyone outside the institution notified?	(064) 3 <input type="checkbox"/> Yes – Who? _____ 4 <input type="checkbox"/> No
d. Are you allowed to participate in the review?	(065) 5 <input type="checkbox"/> Yes 6 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know
16a. When was the last time you talked with a responsible person at (name of facility) about . . . ?	(066) 1 <input type="checkbox"/> Within the past month 2 <input type="checkbox"/> Within the past 6 months 3 <input type="checkbox"/> Within the past year 4 <input type="checkbox"/> More than a year ago 5 <input type="checkbox"/> Only at time of admission 6 <input type="checkbox"/> Not at all } SKIP to 17a
b. Who was this?	(067) 1 <input type="checkbox"/> Administrator 2 <input type="checkbox"/> Physician 3 <input type="checkbox"/> Nurse 4 <input type="checkbox"/> Teacher 5 <input type="checkbox"/> Other – Specify _____
17a. How often do you (or your spouse) visit . . . ?	(068) 1 <input type="checkbox"/> At least once a week 2 <input type="checkbox"/> At least once a month 3 <input type="checkbox"/> At least once every 6 months 4 <input type="checkbox"/> At least once a year 5 <input type="checkbox"/> Less than once a year 6 <input type="checkbox"/> Not at all
b. How often does . . . have a visit from another family member or close friends?	(069) 1 <input type="checkbox"/> At least once a week 2 <input type="checkbox"/> At least once a month 3 <input type="checkbox"/> At least once every 6 months 4 <input type="checkbox"/> At least once a year 5 <input type="checkbox"/> Less than once a year 6 <input type="checkbox"/> Not at all 8 <input type="checkbox"/> Don't know
18. How far is (name of facility) from here?	(070) _____ Miles 0 <input type="checkbox"/> Less than one mile

SHOW FLASHCARD 7

19a. I would like to show you a list of services that a facility might provide.
Please glance over this list.

Which of these services do you think . . . needs?

b. Does he/she receive (read categories marked in 19a) regularly, occasionally, or never?

Physician services

	Regularly	Occasionally	Never
(071) Physician services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(072) General nursing services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(073) Private duty or special nursing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(074) Psychiatric services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(075) Elementary or secondary education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(076) Special education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(077) Counseling by psychologist, social worker, or mental health worker	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(078) Physical therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(079) Occupational therapy, job placement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(080) Speech and hearing therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(081) Recreational therapy or supportive activities program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(082) Other professional services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Specify _____			

Transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Drugs/medication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Special medical supplies or equipment – such as a wheelchair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Special diet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

20o. What is the total amount charged for . . . 's care in a typical month?	088 \$ <input type="text"/> . <input type="text"/> 00 per month 0 <input type="checkbox"/> No charge is made 8 <input type="checkbox"/> Don't know
b. In a typical month, are there any additional charges for services rendered to this person outside the facility and/or billed by someone other than the facility?	089 1 <input type="checkbox"/> Yes – How much in a typical month? 090 \$ <input type="text"/> . <input type="text"/> 00 per month
21o. Do you or anyone in this family handle . . . 's finances?	091 3 <input type="checkbox"/> Yes – SKIP to 22a 4 <input type="checkbox"/> No
b. Who does handle them? (Mark (X) only one)	092 01 <input type="checkbox"/> Resident 02 <input type="checkbox"/> Resident's spouse 03 <input type="checkbox"/> Parent 04 <input type="checkbox"/> Brother or sister 05 <input type="checkbox"/> Adult son/daughter 06 <input type="checkbox"/> Other close relative 07 <input type="checkbox"/> Lawyer/investment counselor 08 <input type="checkbox"/> Friend 09 <input type="checkbox"/> Guardian 10 <input type="checkbox"/> Social agency 11 <input type="checkbox"/> Other – Specify _____
22o. How is . . . 's care paid for? That is, what are the sources of funds which pay for his care? (Mark (X) all that apply)	093 1 <input type="checkbox"/> Medicare * 2 <input type="checkbox"/> Medicaid 3 <input type="checkbox"/> Other government funds – Specify _____
	4 <input type="checkbox"/> Church or other religious organization funds 5 <input type="checkbox"/> Family funds 6 <input type="checkbox"/> Other – Specify _____
b. Did this family have to take out any loans or sell any assets to help pay for . . . 's care?	094 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 22d
c. Did you sell assets, take out a loan, or both?	095 3 <input type="checkbox"/> Sold assets 4 <input type="checkbox"/> Took out a loan(s) 5 <input type="checkbox"/> Both
d. Did anyone in the family have to start working or take on extra work to help pay for . . . 's care?	096 6 <input type="checkbox"/> Yes 7 <input type="checkbox"/> No

23. What is . . . 's usual monthly income, including monies used to pay for his care at (name of facility)?	(097) \$ <input type="text"/> . <input type="text"/> 00 per month																								
24a. Did you contribute to . . . 's support at any time during 1975?	(098) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 25																								
b. Altogether how much did you contribute?	(099) \$ <input type="text"/> . <input type="text"/> 00																								
SHOW FLASHCARD (8) 25. What was the total income of this family during the past 12 months? This includes wages and salaries, net income from a business or farm, pensions, dividends, interest, rent, and any other money income received by the members of this family.																									
(100) 1 <input type="checkbox"/> Under \$1,000 2 <input type="checkbox"/> \$1,000—1,999 3 <input type="checkbox"/> 2,000—2,999 4 <input type="checkbox"/> 3,000—3,999 5 <input type="checkbox"/> 4,000—4,999 6 <input type="checkbox"/> 5,000—5,999 7 <input type="checkbox"/> 6,000—7,499 8 <input type="checkbox"/> 7,500—9,999 9 <input type="checkbox"/> 10,000—11,999 10 <input type="checkbox"/> 12,000—14,999 11 <input type="checkbox"/> 15,000—19,999 12 <input type="checkbox"/> 20,000—24,999 13 <input type="checkbox"/> 25,000—49,999 14 <input type="checkbox"/> 50,000 and over																									
26. Do you like or dislike the following facilities and services offered by (name of facility)?																									
<table border="1"> <thead> <tr> <th></th> <th>Like it</th> <th>Don't like it</th> <th>Don't know/no opinion</th> </tr> </thead> <tbody> <tr> <td>a. Building(s) and grounds?</td> <td>(101) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>b. Condition of the rooms and furnishings?</td> <td>(102) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>c. Treatment services — such as medical, nursing, rehabilitation?</td> <td>(103) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>d. Relations with staff (without reference to treatment program)?</td> <td>(104) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>e. Social activities, things to do (without reference to treatment program)?</td> <td>(105) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> </tbody> </table>			Like it	Don't like it	Don't know/no opinion	a. Building(s) and grounds?	(101) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	b. Condition of the rooms and furnishings?	(102) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	c. Treatment services — such as medical, nursing, rehabilitation?	(103) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d. Relations with staff (without reference to treatment program)?	(104) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	e. Social activities, things to do (without reference to treatment program)?	(105) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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27a. Do you feel this facility has provided the kind of services and care . . . needs?																									
(106) 4 <input type="checkbox"/> Yes — Thank respondent and end interview 5 <input type="checkbox"/> No																									
b. Why do you feel the care provided has not been entirely satisfactory?																									
(107) <input type="text"/> <input type="text"/>																									

ASK ITEMS e AND f ON COVER PAGE

NOTES

FORM SIP-5
(10-2-75)U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARESAMPLING QUESTIONNAIRE AND SAMPLE PERSON LIST
SURVEY OF INSTITUTIONALIZED PERSONS

NOTICE - Your report will be held in strict confidence and will be seen only by sworn Census employees and may be used only for statistical purposes.

a. Regional Office name

b. Interviewer name | Code

Section I INSTITUTION IDENTIFICATION

1a. INSTITUTION NAME AND ADDRESS	b. Administrative unit
	c. Date of interview
	d. Interviewer appointment
	Date Time a.m. p.m.

2. INSTITUTION CONTACT

Name and title of person supplying sampling materials	Telephone		
	Area code	Number	Extension
Address (Number and street)	City	State	ZIP code

3. Comments

Section II ADMISSIONS AND DISCHARGES IN 1975	
INTERVIEWER - Ask the following questions of a person who is familiar with the records at this institution.	
1. How many persons were admitted to this institution from January 1, 1975 to December 31, 1975? _____	Admissions _____
2. How many persons were discharged from this institution during 1975, excluding those who died? _____	Discharges _____
3. How many persons died while residents of this institution during 1975? _____	Deaths _____
a. How many of these deaths occurred within this institution?	_____
b. How many occurred in an acute or short-stay hospital?	_____
c. How many occurred while the patient was at home on leave?	_____
When all deaths are accounted for - SKIP to section V	

Section III	ESTIMATED NUMBER OF RESIDENTS	ESTIMATED NUMBER
Section IV	SAMPLING INSTRUCTIONS	SW ITE
Section V	OBTAINING AN ACCURATE COUNT OF RESIDENTS AS OF LAST NIGHT	
<p>► INTERVIEWER - READ</p> <p>"The following questions pertain to your residents AS OF LAST NIGHT. For this survey we want to know about residents who are assigned to long-term care units, that is, units where the usual stay is thirty days or more."</p>		
		Count
1. How many persons were on the register of this institution last night?		
2. Of the persons included in the Count you just gave me -		
a. How many are males?		_____ Males
b. How many are females?		_____ Females
c. How many are under 18 years of age?		_____ Under 18 years
<p>► INTERVIEWER - If necessary revise the entries in items 2a-e to correspond with FINAL COUNT.</p>		
3. Does this number INCLUDE all persons -		YES NO NA
a. Who have a bed held for them in the long-term care units?		<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/>
b. Who are temporarily absent from their units, for example, on leave, or any other reason; but for whom a bed is being held?		<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/>
c. Who are absent from their units on a more permanent basis, for example, assigned to another institution for special treatment or care, and for whom a bed is being held?		<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/>
d. Who are staying here and will be assigned to a long-term care unit once a bed is available?		<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/>
<p>► INTERVIEWER INSTRUCTIONS</p> <ul style="list-style-type: none"> • Review entries in 3a-d. • If all YES or NA, SKIP to 4. • For each NO entry, say: "You told me that the Count of residents does not include persons who . . . (read situation). About how many of these types of persons were under the care of this institution last night?" Enter the number on the line provided. 		

Section V

OBTAINING AN ACCURATE COUNT OF RESIDENTS
AS OF LAST NIGHT - Continued

4. Did you INCLUDE in your Count any persons -	YES	NO	NA
a. Who are not assigned to long-term care units, for example, out-patients or temporary nursing care residents?	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
b. Who are assigned to half-way houses or other units which are not under the direct charge of this institution?	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
c. Who are absent from the institution and for whom a bed is NOT being held?	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

► INTERVIEWER
INSTRUCTIONS

- Review entries in items 4a-c.
- If all NO or NA, SKIP to Interviewer Check Item.
- For each YES entry say: "You told me that the number of persons assigned to long-term care units includes persons who . . . (read situation). How many of these types of persons were included in the Count?" Enter the number on the line provided.

STEPS FOR CORRECTING THE COUNT -

INTERVIEWER
CHECK ITEM

A. Transcribe Count from Section V, item 1 . . . (A)

B. Add the entries from the "NO" boxes in items 3a through d, and enter that sum . . . (B)

C. ADD (A) to (B) and enter sum (C)

D. Add the entries from the "YES" boxes in items 4a through c, and enter that sum . . . (D)

E. SUBTRACT (D) from (C) and enter the result → FINAL
COUNT

Notes

Section VI ➤ INTERVIEWER INSTRUCTIONS

- 1. Compare the ESTIMATED NUMBER (section III) with the Final Count (section V, Check Item). Determine whether the difference between the estimated number and the Final Count must be reconciled as directed in your manual and illustrated below.

$$\begin{array}{r}
 \text{Estimated Number} \dots \dots \dots 120 - \\
 \text{Final Count} \dots \dots \dots \frac{100}{(20)} \quad 120
 \end{array}
 \quad \left. \right\} \quad \begin{array}{l} \text{In this case the difference} \\ \text{must be reconciled.} \end{array}$$

When reconciling the differences, probe as follows:

"The Final Count we arrived at is _____ (entry in section V, Check Item). However, in 1973 this institution reported that it had _____ (entry in section III) residents in long-term care units. Can you think of any reason for the difference?" Enter the reason for the difference in section I, item 3.

- 2. Obtain a usable list of residents from the respondent. For example, you might say: "Now I need to select a sample of persons assigned to long-term care units. I need a list, roster, file or other record of these persons, but it must contain the identification numbers or names of the _____ (read the Final Count) persons who were included in the Final Count we just discussed."
- 3. When you obtain a list, ask enough questions to establish whether it contains all the persons included in the Final Count. For example –
 - a. ASK: "Does this list include all residents of . . . (read institution name from section I)?"
 - b. Review the entries in section V, item 3. For each situation with a NO answer, ASK: "Does this list include any persons who . . . (read the situation from section V)?"
If any eligible persons are missing from the list, obtain a supplemental list of these persons.
 - c. Review the entries in section V, item 4. For each situation with a YES answer, ASK: "Does this list include any person who . . . (read the situation from section V)?"
If there are persons on the list who should not be, ask the respondent to identify these persons and follow the instructions in your manual.
- 4. When you have a usable list, select the sample of residents. Use the sampling instructions shown in section IV of this form.
- 5. After selecting the sample, verify it using the following formula –

$$\frac{\text{Final Count}^* - \text{SW}}{\text{TE}} + 1 = \text{Number of Sample Cases}$$

* Final Count plus any unidentified ineligibles on the sampling materials.

EXAMPLE – The Final Count is 50 and there are no unidentified ineligibles. The START WITH (SW) is 7 and the TAKE EVERY (TE) is 10. After sampling you have 5 sample cases. You would verify this as follows –

$$\left(\frac{50 - 7}{10} + 1 \right) = \left(\frac{43}{10} + 1 \right) = \left(4.3 + 1 \atop \text{Drop the remainder} \right) = \left(4 + 1 = 5 \right) \quad \boxed{5 = 5}$$

Section VI

INTERVIEWER INSTRUCTIONS – Continued

- 6. Use this space for sample verification calculations:

- 7. If you select more than 24 sample cases, subsample using the Subsampling Table below unless instructed otherwise in cover item 3.

SUBSAMPLING TABLE		
Total sample cases (a)	Start with (b)	Take every (c)
1 – 24		Take all sample cases
25 – 49	1	2
50 – 74	2	3
75 – 99	3	4
100+		Call supervisor

- 8. After verifying the sample and doing any necessary subsampling, transcribe the name and institution location for each sample person to section VII.

INTERVIEWER

CHECK ITEM

This institution was subsampled.

This institution was NOT subsampled.

Section VII SAMPLE PERSON LIST

01	Name Bed, ward, or other location	13	Name Bed, ward, or other location
02	Name Bed, ward, or other location	14	Name Bed, ward, or other location
03	Name Bed, ward, or other location	15	Name Bed, ward, or other location
04	Name Bed, ward, or other location	16	Name Bed, ward, or other location
05	Name Bed, ward, or other location	17	Name Bed, ward, or other location
06	Name Bed, ward, or other location	18	Name Bed, ward, or other location
07	Name Bed, ward, or other location	19	Name Bed, ward, or other location
08	Name Bed, ward, or other location	20	Name Bed, ward, or other location
09	Name Bed, ward, or other location	21	Name Bed, ward, or other location
10	Name Bed, ward, or other location	22	Name Bed, ward, or other location
11	Name Bed, ward, or other location	23	Name Bed, ward, or other location
12	Name Bed, ward, or other location	24	Name Bed, ward, or other location

Section VII  **SAMPLE PERSON LIST – Continued**

	Name		Name
25	Bed, ward, or other location	37	Bed, ward, or other location
	Name		Name
26	Bed, ward, or other location	38	Bed, ward, or other location
	Name		Name
27	Bed, ward, or other location	39	Bed, ward, or other location
	Name		Name
28	Bed, ward, or other location	40	Bed, ward, or other location
	Name		Name
29	Bed, ward, or other location	41	Bed, ward, or other location
	Name		Name
30	Bed, ward, or other location	42	Bed, ward, or other location
	Name		Name
31	Bed, ward, or other location	43	Bed, ward, or other location
	Name		Name
32	Bed, ward, or other location	44	Bed, ward, or other location
	Name		Name
33	Bed, ward, or other location	45	Bed, ward, or other location
	Name		Name
34	Bed, ward, or other location	46	Bed, ward, or other location
	Name		Name
35	Bed, ward, or other location	47	Bed, ward, or other location
	Name		Name
36	Bed, ward, or other location	48	Bed, ward, or other location

NOTES

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS



SURVEY OF INSTITUTIONALIZED PERSONS

FLASHCARD BOOKLET

FLASHCARD 1

1. Nursing home (including extended care facilities and skilled nursing homes)
2. ECF unit of a hospital
3. Nursing care unit for retirement center
4. Convalescent or rest home
5. Home for aged
6. Sheltered or custodial care home
7. Orphanage or home for dependent children
8. Home for unwed mothers

RESIDENT FACILITY OR SCHOOL FOR THE –

9. Blind
10. Deaf
11. Emotionally disturbed
12. Mentally retarded
13. Other neurologically handicapped persons
14. Physically handicapped

RESIDENT TREATMENT CENTER FOR –

15. Alcoholics
16. Drug abusers
17. Other facility

FLASHCARD ②

1
—
2

Geographic location

Level and type of treatment provided

Care without charge or at reduced cost

Only facility providing required care treatment

Assigned by court

Church or religious affiliation of facility

Recommended by physician

Recommended by family or friends

Recommended by welfare, family services,
or other public agency

Other

FLASHCARD 3

1. Go shopping
2. Go to a beauty or barber shop
3. Go swimming, bowling, dancing
4. Participate in competitive sports
5. Plays cards, bingo, or other games
6. Attend get-togethers, parties, group conversation
7. Attend plays, movies, concerts
8. Attend religious services or church related activities
9. Attend sporting events
10. Attend arts and crafts classes or workshops
11. Attend classes, lectures, exhibits, fairs
12. Attend meetings of clubs, committees, and councils
13. Perform work/service for pay or as a volunteer
14. Read books, papers, magazines
15. Watch television
16. Write letters or make phone calls
17. None of these

FLASHCARD 4

Meals (at least one meal daily)

Nursing care, health referral services

Physical or occupational therapy

Recreational activities (use of grounds)

Transportation and/or escort services

Homemaker or chore services

3
—
4

Visiting or telephone check services

Elementary or secondary education program

Special education program

Professional counseling

Other

FLASHCARD **5**► **A – SENSE OF DIRECTION**

1. Can leave facility grounds or home without getting lost
2. Can go around facility grounds or vicinity of home without getting lost
3. Goes around building or home alone
4. Gets lost whenever leaves own room or ward
5. Other

► **B – HANDLES MONEY**

6. Residents have no occasion to handle money while at facility
7. Able to handle money, make proper change at facility or on shopping trips
8. Cannot use money or make proper change at facility or on shopping trips
9. Other

► **C – WRITING**

1. Never has occasion to write while at facility
2. Writes logical letters and notes, corresponds with others
3. Can only print individual words such as name
4. Other

► **D – READING**

5. Books, magazines, etc. not available to resident
6. Reads books, magazines, newspapers regularly
7. Reads books, magazines, newspapers occasionally
8. Doesn't read but knows how
9. Doesn't know how to read

► **E – CLEANS ROOM**

1. Residents not expected to clean room/ward
2. Cleans room/ward well; able to straighten bed
3. Attempts to clean room/ward; but not well done
4. Does not attempt to clean room/ward

► **F – PERSONAL BELONGINGS**

5. Has no personal belongings at facility
6. Always takes care of personal belongings
7. Occasionally takes care of personal belongings
8. Does not take care of personal belongings

► **G – PARTICIPATION IN GROUP ACTIVITIES**

1. No group activities available at facility
2. Initiates or leads in group activities
3. Is active participant in group activities
4. Will only participate when encouraged
5. Does not participate in group activities

FLASHCARD 6

Location – Near home of resident

Location – Near home of relative

Level and type of treatment provided

Able to get care without charge or at reduced cost

Only place providing required treatment or care

Assigned by the court

Admitted by staff or personal physician

Recommended by family, friends, or a former patient

Recommended by doctor, agency, or court

Other

5
—
6

FLASHCARD 7

Physician services

General nursing services

Private duty or special nursing

Psychiatric services

Elementary or secondary education

Special education

Counseling by psychologist, social worker, or mental health worker

Physical therapy

Occupational therapy, job placement

Speech and hearing therapy

Recreational therapy or supportive activities program

Other professional services

Transportation

Drugs/medication

Special medical supplies or equipment – such as wheelchairs

Special diet

Other

FLASHCARD **8**

Under \$1,000

\$ 1,000 – 1,999

2,000 – 2,999

3,000 – 3,999

4,000 – 4,999

5,000 – 5,999

6,000 – 7,499

7,500 – 9,999

10,000 – 11,999

12,000 – 14,999

15,000 – 19,999

20,000 – 24,999

25,000 – 49,999

50,000 and over

7
—
8

Appendix B

Definitions of Survey Terms

Administrator. Head or director (operational management) of the institution.

Bed. A bed regularly maintained and serviced by facility staff members for residents or patients, excluding beds used by staff members or for emergency purposes only.

Campus (facility). The contiguous buildings and grounds of the institution used in any part of the usual operation.

Condition. Physical or mental ailment.

Date of Admission. Date the resident or patient was last admitted or formally entered on the institution register.

Discharge. To remove a resident from the facility register and no longer maintain a bed for his/her use or return.

Family member (next of kin). Person related by blood, marriage, or adoption. (for children, a foster parent if there is no other relative).

Full-time employment. 35 hours or more of work per week.

In bed most of the day. Actually in bed more than half of the person's usual waking hours of a day.

In room or ward all or most of the day. Restricted (by physical or mental condition) to room or ward more than half of the person's usual waking hours of a day.

Intermediate care beds. Beds whose occupants receive provision of some nursing supervision, as well as care for personal needs.

Long-term care institution. Offers residential, custodial, or personal care to unrelated persons for an average stay of 30 days or more.

On duty or call 24 hours a day. Service or care available at all hours of the day or night.

Ownership of facility. Type of organization with proprietary control of the facility and its operation.

Paid for life care. Lump sum payment made at the time of admission for all care to be received for the remainder of the resident's life.

Part-time employment. Less than 35 hours of work per week.

Power-of-Attorney. A written document authorizing a person to act as an attorney or agent in behalf of another in financial matters.

Resident. Person (patient) officially admitted to the institution and for whom a bed is held on a 24 hour a day basis.

Sit up in bed. To remain in bed in a sitting position, as opposed to the prone position.

Size (facility). Number of beds permanently maintained for residential use by patients (residents).

Skilled nursing beds. Beds whose occupants received care (nursing and medical) provided round-the-clock by registered or licensed practical nurses as prescribed by an attending physician.

Staff member. Paid employee of the institution.

Type of care. The main type of care offered, e.g. care for psychiatric reasons, physically handicapped, mentally handicapped, children, nursing care, or other reasons.

Type of facility. Homes for the aged, children's facilities, facilities for the mentally and physically handicapped, psychiatric facilities, and "other" facilities.

Volunteer. Unpaid person offering services to the institution.



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1970 SURVEY OF INSTITUTIONALIZED PERSONS: METHODS AND PROCEDURES